



**BC STUDENT INFORMATION VERIFICATION FORM REPORT**

**2024-2025**

**DEMOGRAPHICS**

Legal Last Name \_\_\_\_\_ Student Contact Cell No. \_\_\_\_\_

Legal First Name \_\_\_\_\_ Student Email Address \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Home Street Address \_\_\_\_\_

Usual Last Name \_\_\_\_\_ Physical 911 Address \_\_\_\_\_

Usual First Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Legal Gender \_\_\_\_\_ Preferred Gender \_\_\_\_\_

**Mailing address if not the same:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Street Address \_\_\_\_\_

Proof of Age \_\_\_\_\_ RR Number/PO Box \_\_\_\_\_

Home Phone Number \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Care Card Number \_\_\_\_\_

Previous School \_\_\_\_\_ District No. \_\_\_\_\_ Previous Teacher \_\_\_\_\_

School: École Frank Ross Elementary Grade \_\_\_\_\_

English ☐ French Immersion ☐

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Contact can pick up? ☐

Gender MALE ☐ FEMALE ☐ Receive Mailings? ☐

Relationship \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parental Authority or Guardian? ☐ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact Lives with Student? ☐ Email \_\_\_\_\_

Address if Different from Student \_\_\_\_\_

Comment (e.g. Custody) \_\_\_\_\_

Name \_\_\_\_\_ Contact can pick up? ☐

Gender MALE ☐ FEMALE ☐ Receive Mailings? ☐

Relationship \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parental Authority or Guardian? Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact Lives with Student? ☐ Email \_\_\_\_\_

Address if Different from Student \_\_\_\_\_

Comment (e.g. Custody) \_\_\_\_\_

If address is different, proof of BC residency of Parent/Guardian must be provided. (e.g. Utility Bill, Care Card). The custodial parent must be a resident of BC.



**EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Contact 1 \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

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**SIBLING INFORMATION**

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

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**STUDENT LEGAL ALERTS – Court Order on File? ☐**

Description \_\_\_\_\_

**STUDENT MEDICAL ALERTS – Life Threatening? ☐**

Description \_\_\_\_\_

**OTHER STUDENT ALERTS – Health, Family or other Information**

Description \_\_\_\_\_

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**CITIZENSHIP**

Country of Birth \_\_\_\_\_ Visa Status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

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**LANGUAGE AND CULTURE**

Home Language \_\_\_\_\_ Aboriginal Ancestry \_\_\_\_\_ Aboriginal Program ☐

Language Most Used \_\_\_\_\_ Status Card Number \_\_\_\_\_

First Language \_\_\_\_\_ Band of Residence \_\_\_\_\_

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The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

I declare the information that I have provided is complete and accurate.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Authorization for new students to begin attending classes may be provided following contact with the previous school.**

**Until we have received information from the previous school(s) the students may not be allowed to attend classes and may be provided with school work to be completed at home.**



## FOR KINDERGARTEN USE ONLY

The government of British Columbia is tracking the progress of Kindergarten students in the province, and in doing so is asking for the following information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Did this child attend an early learning or child-care program on a regular basis? Yes ☐ No ☐

If yes, was it one or more of the types listed below? (please check all that apply)

Based in a centre, licensed (for profit) ☐

Child's home, non-relative caregiver ☐

Based in a centre, licensed (non-profit) ☐

Family child-care, licensed ☐

Child's home, relative caregiver ☐

Other home based unlicensed, non-relative ☐

Other care \_\_\_\_\_

Was the child's child-care program prior to entry to kindergarten? Yes ☐ No ☐

Full-time ☐

Part-time ☐

Did the child attend 'other' language classes?

Yes ☐ \_\_\_\_\_ No ☐

*Specify Language*

If your child is Aboriginal, what is their ancestral language, even if not spoken in the house?

\_\_\_\_\_

Did the child attend a parent/child resource program? StrongStart ☐ CCR & R ☐

Other ☐ \_\_\_\_\_

*Specify*

**Reminder – information will remain completely confidential!**

Thank you for your cooperation



*École*  
**Frank Ross**  
*Elementary*

**Personal Information Consent**  
**2024-2025 School Year**

*Please complete both sides, sign, and return to school.*

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**Collection, use, and sharing of student personal information**

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District No. 59 is seeking your consent to collect, store, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student learning and achievements, building the school community, and informing others about school and District programs and activities.

Please check boxes to indicate consent for the following as student names, and/or images may be used or shared in:

- ☐ School and District communications, such as newsletters, brochures, Focus on Education magazine;
- ☐ Yearbook;
- ☐ School and District websites;
- ☐ Social media sites (e.g. Facebook);
- ☐ Online video (e.g. YouTube), with limited or public access;
- ☐ Videos, CDs, and DVDs designed for educational use only.

\_\_\_\_\_ **I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the Internet may be stored and accessed outside of Canada.

This consent may be withdrawn at any time, in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

**Date:** \_\_\_\_\_

**Parent's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(please print)

**Parent/Guardian\* Signature:** \_\_\_\_\_

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact School District Information and Privacy Officer, Christy Fennell 11600 – 7<sup>th</sup> Street Telephone Number: 250-782-8571 Email: cfennell@sd59.bc.ca



*École*  
**Frank Ross**  
*Elementary*

Notice to Parents and Students:  
Outside Media in Schools  
2024-2025 School Year

*Please complete both sides, sign, and return to school.*

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

**If you do not want your child to be involved in such activities, you need to:**

- ☐ Tell your child to avoid these situations,
- ☐ Tell your child's teacher of your wishes,
- ☐ Complete and return this form with the box below filled out to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.

Note that school staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

**For Parents:** I acknowledge receipt of this Notice. If I have questions, I will contact the School Principal.

\_\_\_\_\_  
**Parent's signature**

*\*For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student's privacy protection rights*

**NOTE:** *To be completed only if you wish to object to publication of your child's personal information by outside media at school events.*

**I do not want** my child's image or name being published by outside media. I have told my child's teacher of my wishes. **I REQUEST** that the school and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school. **I CONSENT** to disclosure of personal information that is necessary to comply with this request. **I MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

**Date:** \_\_\_\_\_

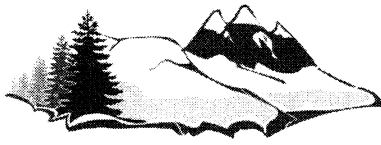
**Parent's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (please print)

**Parent/Guardian\* Signature:** \_\_\_\_\_

**Parent/Guardian Contact Information** (for contacts related to this notice)

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If you have questions about this notice or about the collection of student personal information, you may contact the School District Information and Privacy Officer, Christy Fennell 11600 – 7<sup>th</sup> Street Telephone Number: 250-782-8571 Email: cfennell@sd59.bc.ca



# School District No.59 (Peace River South)

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## CONSENT TO SEND ELECTRONIC MESSAGES

(Canada's Anti-Spam Legislation – July 1, 2014)

This consent form will ensure that SD 59 has your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions including:

1. Field trips;
2. Fundraising;
3. Yearbooks;
4. Student pictures;
5. Event tickets;
6. Or, similar events and offers.

If you wish to receive the above communication from us, please provide your e-mail address and your signature for consent.

You may withdraw your consent at any time by informing the school of your intention.

Yes, I would like the school district to send me electronic messages as described above.

e-mail address: \_\_\_\_\_

\_\_\_\_\_  
(Name – please print)

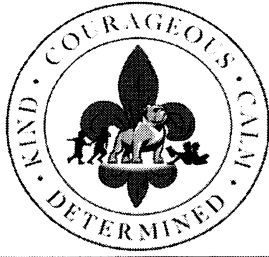
Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Student's name(s): \_\_\_\_\_

\_\_\_\_\_

*11600-7<sup>th</sup> Street,  
Dawson Creek, B.C. V1G 4R8  
Phone: (250) 782-8571 Fax: (250) 782-3204  
www.sd59.bc.ca*



*École*  
**Frank Ross**  
*Elementary*

1000 – 92<sup>nd</sup> Avenue  
Dawson Creek, BC V1G 1C1  
**Phone: 250.782.5206**  
**Fax: 250.782.3204**  
**Website: <http://efr.sd59.bc.ca>**

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## SchoolMessenger

SchoolMessenger Communicate (<https://www.schoolmessenger.com/privacy-statement-page>) is an online service operated by PowerSchool that delivers updates and messages (for example absentee notifications, weather closure alerts, event announcements or emergency updates) via multiple channels including voice, text, email, social media, web, push notifications, and mobile and desktop alerts.

As part of this service, SchoolMessenger Communicate uses the following personal information, which is collected by School District 59 and disclosed to PowerSchool:

- Student
  - Name
  - Pupil Number
  - School
  - School attendance data
  - Course enrollment data, including homeroom
- Parent/guardian
  - Name
  - E-mail address
  - Cellular phone number

This personal information is used by PowerSchool for the purposes of:

- creating users accounts
- recording communication preferences
- sending relevant and timely notifications to members of the school community

Personal information collected by School District 59 in connection with SchoolMessenger Communicate is collected under the authority of 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). This consent will remain in place as long as your child attends École Frank Ross school.

SchoolMessenger publishes a privacy statement available online:

<https://www.schoolmessenger.com/privacy-statement-page>

If you have any questions about this data collection, please contact Mr. Henry at [shaun\\_henry@sd59.bc.ca](mailto:shaun_henry@sd59.bc.ca) or call the school at 250-782-5206.

## SchoolMessenger Communicate Consent Form

As the legal parent/guardian of the student named below, I grant permission for School District 59 to collect, use, and disclose my and my child's personal information for the purpose of providing timely school-based communications while my child attends École Frank Ross Elementary. I also permit the release of this personal information to PowerSchool. In doing so, I understand that the data for this service will be transmitted to and stored on servers located in Canada and the United States and will be subject to the respective laws and regulations of those countries.

Each parent/guardian requesting school-based communications through SchoolMessenger must sign this form and return it to the student's school. Thank you!

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Name of Parent/Guardian 1

\_\_\_\_\_  
Cellular Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Parent/Guardian 2

\_\_\_\_\_  
Cellular Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed