

Anglophone West School District
Student Data Collection Form 2016-2017
School: Assiniboine Avenue Elementary School

(For School Use Only)

Grade: _____
Homeroom: _____
Bus In: _____
Bus Out: _____
½ Day Bus: _____

This form is to verify that the information we currently have on file is correct. Review the information listed and make any changes required directly on this form. Should this information change during the school year, please advise the school office. Please sign and return this form to your child's homeroom teacher.

STUDENT INFORMATION

Student's Name: _____
(Last, First Middle)

Student's Mother's Maiden Name: _____

Birth Gender: () Female () Male Identified Gender: () Female () Male () Gender independent () Male

Preferred Name: _____ Date of Birth: _____ (MM/DD/YYYY)

Physical Address

Street Address/Apt.: _____ Province: _____ Postal Code: _____
Community: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)
Street Address/Apt.: _____ P.O. Box: _____
Community: _____ Province: _____ Postal Code: _____

After School Information

Does this student go home? () Yes () No

Caregiver: _____ Phone: () - _____

Street Address/Apt.: _____ Province: _____ Postal Code: _____
Community: _____

Additional Student Information

Home Phone: () - _____

Language spoken most often at home: _____

Other language spoken regularly at home: _____

Student Contact (Mother/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] School Closure [] Emergency [] Can Pick Up [] Parent/Guardian [] Mailing [] Lives With

Phone 1: () - _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: () - _____ Ext: _____ Type: _____

Phone 3: () - _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____

Language First Learned: _____

Physical Address

Street Address/Apt.: _____ Province: _____ Postal Code: _____
Community: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: _____ P.O. Box: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact (Father/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] School Closure [] Emergency [] Can Pick Up [] Parent/Guardian [] Mailing [] Lives With

Phone 1: () - _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: () - _____ Ext: _____ Type: _____

Phone 3: () - _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____

Language First Learned: _____

Physical Address

Street Address/Apt.: _____ Province: _____ Postal Code: _____
Community: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: _____ P.O. Box: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact (Other/Emergency/Weather Closure)

Name: _____ Relationship: _____
Contact Valid For: (check all that apply)
 School Closure Emergency Can Pick Up Parent/Guardian Mailing Lives With
Phone 1: () - Ext: _____ Type: _____ (e.g. Home, Mobile)
Phone 2: () - Ext: _____ Type: _____
Phone 3: () - Ext: _____ Type: _____
Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____
Language First Learned: _____

Physical Address

Street Address/Apt.: _____
Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)
Street Address/Apt.: _____ P.O. Box: _____
Community: _____ Province: _____ Postal Code: _____

Please use a separate sheet to add more contacts if required.

Medical Information

Medicare number: _____
Dr. Name: _____ Dr. Phone: () - _____

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?

() Yes () No --- If Yes, please describe.

If Yes, has a plan been developed with the school for managing this condition?

() Yes () No --- If No, please contact the school to make an appointment.

Does this child require an EpiPen®?

() Yes () No --- If Yes, () Junior - Between 33 and 65 lbs. OR () Regular - 66 lbs. or more

Does this child have any other medical concerns of which the school should be aware?

Is there any other information you would like us to have that would help us improve service to this child? (e.g. special services received, other professionals/agencies which are serving this child, etc.)

Siblings

Name _____ School Attending _____

What do we do with student records

In order to support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes: legal name, address, attendance, marks/grades, credits obtained, graduation status, transcript of marks, etc. Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only as long as it is relevant to the services provided. It can include: standardized assessments, student work samples, clinical findings, comments of teachers, or other professionals, health information, current disciplinary letters/interventions, appeal records, copies of probation and custody orders, etc.

Medicare numbers are only used in emergency situations.
Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and planning activities that improve education or improve services related to the overall student development; and for administrative purposes. If you have any questions regarding the use of personal information in the school system, please contact the Director of Schools at your appropriate Education Centre.

Custody Information

Please note: Schools are required to provide, on request from non-custodial parents, information about a student's education, except where a court order prohibiting access of a parent to a child exists. If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school.

Signature of Parent/Guardian _____

Date _____



STUDENT PHOTOGRAPHS AND STUDENT INFORMATION – PARENT/GUARDIAN CONSENT FORM APPENDIX A

Category: Educational Services

Draft: August 2014

Throughout the school year, student information may be used and disclosed for a variety of purposes (e.g., academic achievement, student celebrations, school photos). Schools and Districts in New Brunswick are now subject to the Personal Health Information Privacy and Access Act (PHIPAA). As of October 1st, 2012, the Right to Information and Protection of Privacy Act (RTIPPA) went into effect. In light of these two pieces of legislation, we will require written consent to use and disclose personal information pertaining to students.

I, _____ give consent for _____
(name of parent/guardian) (name of school)
to use and disclose personal information regarding my child
for the activities checked below. (name of child)

Please check the appropriate boxes:

- Yes, my child's name and grade level may be released to a school photographer for school pictures.
Yes, my child's name and grade level may be released to a school photographer for a student identification card.
Yes, my child's name and photograph may be published in local media.
Yes, my child's name and photograph may be published in the school yearbook.
Yes, if relevant for the safety of my child, my child's name, grade level, photograph, medical condition and emergency procedures may be posted in the school for appropriate staff's use during an emergency situation.
Yes, my child's name and photograph may be published on school or district website for academic recognition or school extra-curricular activities.
Yes, my child's personal accomplishments may be recognized within the school community such as student of the month, athlete of the month or other award/recognition these could be announced over the schools PA system or published in the school newsletter.
Yes, my child's name and/or photo may be listed publicly throughout the school in classroom, administration and recognition boards in the school. Examples: Classroom Names on cubicles, hooks etc., honor roll recognition boards in hallways etc.



Anglophone West School District

POLICY NO. ASD-W-360-7A

**STUDENT PHOTOGRAPHS AND STUDENT INFORMATION –
PARENT/GUARDIAN CONSENT FORM
APPENDIX A**

Category: Educational Services

Draft: August 2014

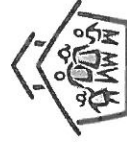
If your child is in Gr. 12 please check the following boxes that are applicable:

- Yes, my child's name and/or photo may be listed in graduation composite.
- Yes, my child's name and/or photo may be listed on a graduation list.
- Yes, my child's name and/or photo may be listed on a graduation invitation.
- Yes, if requested, both my child's name and address can be released to an elected official for recognition purposes for the graduation from High School.

Parent/Guardian Signature

Relationship to Child

Date



Family and Early Childhood West

Fredericton 506 454-8698 Woodstock 506 325-4493
1 855-4KidsNB (454-3762)

October, 2016

Dear Parents/Guardians:

RE: Early Years Developmental Assessment (EYE-DA)

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children at the start of school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

The EYE-DA is being conducted by your local Family and Early Childhood Agency on behalf of the Department of Education and Early Childhood Development. They will provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school.

The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make the **EYE-DA** fun for children.

If you have any questions, please contact: **Family and Early Childhood West at 1-855-454-3762**.

David McTimoney, Superintendent
Anglophone West School District

Anna Marie Hayes, Director of Early Childhood Services
Anglophone West School District

Patricia Harding-Chase, Regional Executive Director
Family and Early Childhood West



Family and Early Childhood West

1-855 (4KidsNB) 454-3762

Consent to Release and Receive Information

Date: _____

Child's Name: _____ M F

Date of Birth: _____
(Day) (Month) (Year)

Address: _____
(Please use mailing address and include postal code)

Telephone: (Home) _____ (Other) _____ Email: _____

Mother/Legal Guardian: _____

Father/Legal Guardian: _____

The EYE-DA is administered in English.

Please contact us prior to the assessment at 1-855-454-3762, if your child is unable to complete the assessment in English. Please indicate your child's first language.

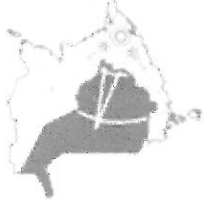
French Other (indicate) _____

By signing this form, I, _____, the parent/guardian of _____, give **Family and Early Childhood West** permission to assess my child using the pre-kindergarten assessment tool, the **EYE-DA**, contact me with the results and release the results to the school my child will be attending and to the Department of Education and Early Childhood.

Name of School: _____

Signatures: _____

Parents or Legal Guardians _____



ANGLOPHONE WEST SCHOOL DISTRICT

1135 Prospect Street
Fredericton, N.B. E3B 3B9
(506) 453-5454

Consent to share contact information with Family and Early Childhood West and to receive information back from the agency concerning the Early Years Developmental Assessment (EYE-DA)

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin Kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children before starting school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

Early Childhood Services are provided by the Department of Education and Early Childhood Development (EECD). Family and Early Childhood West is part of the EECD team that provides early intervention supports. They are responsible to administer the EYE-DA evaluation and follow up if required, and collaborate with the School District to ensure a successful transition to school for your child.

The EYE-DA is being conducted by **Family and Early Childhood West** on behalf of the Department of Education and Early Childhood Development. They will set a time with you to do the evaluation, provide you with the results, provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school. They will follow up with you as needed.

The EYE-DA is a **'snap-shot'** of a child's skills at a particular time. With any assessment, children's scores can vary depending on how they react or how they feel on a particular day. The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make it fun for children. The EYE-DA results are used to offer parents suggestions for programs and activities that they can participate in with their child prior to the start of Kindergarten.

Part A of this consent form gives permission for **Anglophone School District West, (ASD-W)**, to give your contact information to **Family and Early Childhood West** so that they may schedule a time for the assessment.

Part B of this consent form gives permission for **Family and Early Childhood West** to share the EYE-DA assessment information and progress reports on any interventions that may have been offered to your child with your child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for your area. It also allows them to consult and share information concerning your child with ASD-W employees. This information may be used by the school and District to plan for the school year as well as to identify additional resources required to ensure a smooth transition to school for your child. If you have any questions or would like clarification, please call:

Family and Early Childhood West: 1-855-454-3762.

Please keep this page for your information and give the signed second page to the school.

Part A **Permission for Anglophone West School District to Share Information**

I,(Name) _____

(Relationship to the Child) _____, give permission for the Anglophone West School District to provide the following information: **name and date of birth of the child, name(s) of the child's parent(s)/guardians, home address and phone number(s)** to Family & Early Childhood West. The information will permit **Family & Early Childhood West** to contact me concerning an EYE-DA Assessment and follow-up for my child who will enter Kindergarten in September 2017.

Signature of Parent/Guardian: _____

Part B **Permission for Family & Early Childhood West to Share Information**

As parent or guardian of **(Child's Name)** _____

I,(Name) _____ give permission for

Family and Early Childhood West to share the **EYE-DA assessment information and progress reports on any interventions that may have been offered to my child with:**

My child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for the area.

It also allows Family and Early Childhood West to consult and share information concerning my child with ASD-W employees.

This information may be used by the school and District in planning for the 2017 school year as well as identifying additional resources, required to ensure a smooth transition to school for my child.

Signature of Parent/Guardian: _____