

Anglophone West School District
Student Data Collection Form 2021-2022
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: _____

Gender: () Female () Male () Non-binary

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

Physical Address

Street Address/Apt.: _____ Postal Code: _____

Community: _____ Province: _____

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.: _____

Community: _____ Province: _____ Postal Code: _____

Additional Student Information

Home Phone: () - _____

Languages Spoken at N.B. Home (Primary): _____

Languages Spoken at N.B. Home (Secondary): _____

Does your child have access to a device (computer, laptop or tablet) at home to continue learning throughout the day (if you have 2 children and only 1 tool available, please choose YES for one child and NO for your second child)? () Yes () No

Does your child have Internet access at home? () Yes () No

Student Contact (Parent/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.: _____ Postal Code: _____

Community: _____ Province: _____

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 (Parent/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.: _____ Postal Code: _____

Community: _____ Province: _____

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.: _____ Postal Code: _____

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 used for research and registration purposes, and to verify proof of immunization in accordance with the Personal Health Information Privacy and Access Act. 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

School use only

- Regular
 Interim¹ – valid for only 120 calendar days following school entrance

Name of school: _____

Student's legal name: _____ / _____ / _____
 First Middle LastStudent's preferred name: _____ / _____ / _____
 (if applicable) First Middle LastMedicare:² _____ Parent/legal guardian agrees that the Medicare number can be used by the Department of Education, only if necessary, to resolve ambiguities.

Date of birth: _____ Year Month Day Gender: _____ Grade: _____

Student's mother's maiden name: _____ (to help keep student's records unique)

Proof of Age:³

- Birth Certificate No. _____
 Passport No. _____
 Driver's license No. _____
 Other: _____ (specify)

Required Immunizations:⁴

- Complete
 Incomplete*
 Medical exemption*
 Religious or Moral exemption*
 * Documentation required – refer to Policy 706
- This section is to be completed by a health care professional.

Primary address for student⁵

Parent / Legal Guardian / Independent student:

Legal first name _____ Legal last name _____

Address: _____ Street _____

City _____ Province _____ Postal Code _____

Phone: () () () (daytime)
 () () () ()

Parent / Legal Guardian:

Legal first name _____ Legal last name _____

Address: _____ Street _____

City _____ Province _____ Postal Code _____

Phone: () () () (daytime)
 () () () ()

Other information (e.g. medical, program of study): _____

I, _____ parent/legal guardian of the above-named student, declare that the information provided is accurate to the best of my knowledge and that I am a resident of the Province of New Brunswick.

Signature of parent / legal guardian / independent student _____ Signature of parent/legal guardian _____

Date of issuance: _____ year month day Issued by: _____ Signature of school/district official _____

 School copy (original) District copy Parent/legal guardian copy¹ The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 – Mandatory Immunization. Medicare numbers are used in emergency medical situations.² Documents recognized as proof of age and identity are: birth certificate, passport and/or driver's license. Other documents may include immigration documents or a certificate issued by another Canadian provincial government indicating the date of birth.³ Section 10(1) of the Education Act requires superintendents to refuse admission to a pupil unless satisfactory proof of immunizations required under the Health Act is provided.⁴ A student may have only one primary address in the student information system. In cases of joint custody, parents must decide which address will be recorded as the primary address.