

**Anglophone West School District
Student Data Collection Form 2017-2018
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

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

Physical Address

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

Mailing Address

Same as Physical Address: (If No please complete the information below)
Street Address/Apt.: () Yes () No 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.: _____ 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: _____

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

Effective: August 2017

The Anglophone West School District and its schools are required to comply with legislation which protects students' personal information, in particular the *Education Act*, the *Right to Information and Protection of Privacy Act* (RTIPPA) and the *Personal Health Information Privacy and Access Act* (PHIPPA). Parents/guardians of students under the age of 18 must be informed of how personal information is used and to give permission for those uses. Throughout the school year, student information may be used and disclosed for a variety of purposes (e.g., academic achievement, student celebrations, school photos). The following uses of your/your child's personal information require specific consent from you.

I, _____ give consent for _____
name of parent/guardian (or student over 18) *(name of school)*
 to use and disclose personal information regarding my child/me _____
 for the activities checked below. *(name of student)*

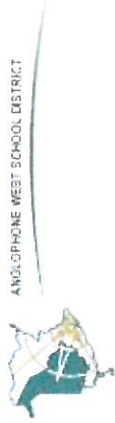
Please check the appropriate boxes: (to be completed for all students K-12)

- 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 grade level may be released to a school photographer for a school directory.
- Yes, my child's name, photo and video may be published or broadcast by media organizations for academic recognition or school extra-curricular activities.
- Yes, my child may participate in news conferences or public events that may be published or broadcast by media organizations.
- 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, photo and video may be published on school or district website/social media pages (including, but not limited to, Facebook, Twitter, Instagram, You Tube) 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 or posted on the school website/social media pages (including, but not limited to Facebook, Twitter, Instagram, You Tube).
- Yes, my child may be photographed and/or audio/video recorded by educators for assessment and instructional purposes.
- 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.
- Yes, my child's name, student number, parental/guardian names, student date of birth and student course scheduling information may be released securely to KEV Software Inc., for its sole purpose of use in School Cash Online. This program allows parents online access to pay electronically and securely for all school fees and events.

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/program.
- 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.
- Yes, if requested, my child's name can be released to media organizations.

Continued on Page 2 – **Signature Required on Page 2**



POLICY NO. ASD-W-360-7A

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

Category: Educational Services

Effective: August 2017

Right to Revoke Consent

You have the right to revoke consent at any time. Your revocation of consent must be in writing to the Principal of the school. Note that your revocation of consent would not be retroactive and would not affect uses or disclosures already made according to your prior consent.

Notes:

- Students involved in performing arts, scholastic competitions or athletic activities perform or compete in public venues, including school. It is reasonable to expect that photographs or videos may be taken by spectators and the media. Once parents/guardians or other members of the public are invited, the event becomes a public event and anyone in attendance is allowed to take photographs or videos without first obtaining consent. Visitors are reminded to be respectful of other individual's privacy, but the school is not able to control the images captured in these situations and the images may be shared by that person on social media sites.
- Video surveillance equipment may be used in schools to enhance the safety of students and staff, to protect property and to aid in the identification of intruders or other persons who may pose a risk to school community members.
- If the form is not returned, the default answer is "no" to all the questions.



Signature Parent/Guardian
or Student (over 18)

Relationship to Student

Date

If you have any questions regarding our privacy practices, or wish to express your concern about how we have handled your personal information, please contact:

Coordinator, *Right to Information and Protection of Privacy Act*

(506) 453-5454

Anglophone West School District

1135 Prospect Street

Fredericton, NB E3B 3B9

Further information on the *Right to Information and Protection of Privacy Act* can be found online at www.gnb.ca/info or by contacting the Information Access and Privacy Unit of Service New Brunswick at info.priv@snb.ca or by phone at (506) 444-4180.

RECORD OF STUDENT TRANSFER

PLEASE USE THIS FORM TO REQUEST DOCUMENTATION
FOR ALL NEW STUDENTS ARRIVING AT YOUR SCHOOL

STUDENT NAME: _____			
STUDENT NUMBER: _____			
BIRTH DATE: _____	_____		
Month	Day	Year	
GRADE: _____	GENDER: _____	Male	Female
IMMUNIZATION VERIFIED? _____	Yes	No	
*****Receiving School to Complete the Following*****			
DISTRICT NUMBER: _____	17	SCHOOL NUMBER: _____	2506
SCHOOL NAME: _____			
SCHOOL ADDRESS: _____			
55 Assiniboine Avenue			
Oromocto, NB E2V 1Y2			
SCHOOL PHONE NUMBER: _____	506	357-4069	
Area Code			
SCHOOL FAX NUMBER: _____	506	357-5779	
Area Code			
DATE STUDENT ARRIVED: _____	Month	Day	Year
DATE: _____	SIGNED BY: _____	Principal/Designate	
Please send all relevant documentation concerning my son/daughter to his/her new school. Note: In New Brunswick this may include the Student Record Card and Student Services records.			
DATE: _____	SIGNED BY: _____	Parent/Guardian	
*****Sending School to Complete the Following*****			
PROVINCE: _____	DISTRICT NUMBER: _____	SCHOOL NUMBER: _____	
SCHOOL NAME: _____			
SCHOOL PHONE NUMBER: _____	Area Code	SCHOOL FAX NUMBER: _____	Area Code
<i>For your records.....</i> Confirmation that documents were released to the student's new school.			
DATE: _____	SIGNED BY: _____	Principal/Designate	
NOTES: _____			