

Anglophone West School District
Student Data Collection Form
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 () Gender independent () Male

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

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: _____

After School Information

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

Caregiver: _____ Phone: () - _____

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

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.: _____

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: _____

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.: _____

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: _____

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 _____