

**Anglophone West School District**  
**Student Data Collection Form 2020-2021**  
**School: Assiniboine Avenue Elementary School**

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.

(For School Use Only)

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Bus In: \_\_\_\_\_

Bus Out: \_\_\_\_\_

½ Day Bus: \_\_\_\_\_

**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.: \_\_\_\_\_

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: ( ) - \_\_\_\_\_

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.: \_\_\_\_\_

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 (Parent/Guardian)**

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 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.

**SCHOOL ENTRY PERMIT**  
DEPARTMENT OF EDUCATION



*School use only*

- Regular  
 Interim<sup>1</sup> - valid for only 120 calendar days following school entrance

Name of school: \_\_\_\_\_

Student's legal name: \_\_\_\_\_  
First Middle Last

Student's preferred name: \_\_\_\_\_  
(if applicable) First Middle Last

Medicare:<sup>2</sup> \_\_\_\_\_  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: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Year Month Day

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

**Proof of Age:**<sup>3</sup>  
 Birth Certificate No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  
 Driver's license No. \_\_\_\_\_  
 Other: \_\_\_\_\_ (specify) No. \_\_\_\_\_

**Required Immunizations:**<sup>4</sup>  
 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 student**<sup>5</sup>

Parent / Legal Guardian / Independent student:

Parent / Legal Guardian:

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (daytime)  
 (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_ Issued by: \_\_\_\_\_  
year month day Signature of school/district official

- School copy (original)  District copy  Parent/legal guardian copy

<sup>1</sup> The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 - Mandatory Immunization.  
<sup>2</sup> Medicare numbers are used in emergency medical situations.  
<sup>3</sup> 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.  
<sup>4</sup> 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.  
<sup>5</sup> 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.



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

**Category:** Educational Services **Effective:** February 2018

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.

**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.



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**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:**

1. 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.
2. 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.
3. 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](http://www.gnb.ca/info) or by contacting the Information Access and Privacy Unit of Service New Brunswick at [info.priv@snb.ca](mailto:info.priv@snb.ca) or by phone at (506) 444-4180.