Appendix A - STUDENT DATA COLLECTION FORM

Department of Education and Early Childhood Development



Please print. Urgent – Please return this form as soon as possible.			(For School Use Only)		
				Grade: Bus In:	
School:		School No.:			
CTUDENT IN	FORMATION			Homeroom: Bus Out:	
Part 1 – modify as desire				½ day Bus:	
·			L		
Student Name:	(Logal Surnama) (L	agal Firet)	(Logal Middle)	(Droforred First Name)	
	(Legai Surriaine) (L	Legai Filst)	(Legai Middle)	(Preferred First Name)	
Birthdate:		Gend	er:		
Home Phone: _	ne Phone: Parent's Cell Phone:			e:	
Program: (check	one) () Regular	r ()Early l	mmersion () Late Immersion	
Physical Address: (for transportation purposes) Mailing Ad				ress:	
House or 911 #:			P.O. Box #:		
Highway Route #	:		Comp:		
Street Name:			Site:		
Apartment #:			R.R.#:		
City/Town:			City/Town:		
Postal Code:			Postal Code:		
After School Info Does your child g Address:	o home after school?	Yes No	f no, where?		
Phone #:					

CONTACT INFORMATION Part 2 - modify as desired Child lives with: (check one) () both parents () mother () father () joint decision-making responsibilities (joint custody)* () guardian () other (specify) Siblings: Date of Birth: Parent / Guardian / _____ (other): Parent/ Guardian / ____(other): Name: _____ Name: Home Phone: Home Phone: Cell Cell Phone: Phone: Address: Address: City: City: Postal Code: Postal Code: _____ Employer: Employer: Work Phone: _____ Work Phone: Other Contact: (if parent not available) Weather Closure Contact: (if parent not available) Name: Name: _____ Relation to Child: Relation to Child: Home Phone: Home Phone: Cell Phone: Cell Phone: Address: Address: Postal Code: _____ Postal Code: Name of parent who does not have decision-making responsibility (non-custodial parent)*, if applicable:

2021-08-12

MEDICAL INFORMATION					
Part 3 - modify as desired					
Does this child have any life-threatening condition (e.g. risk of anaphylactic shock)?					
() NO () YES – please describe:					
If YES, has a plan been developed with the school for managing this condition?					
The Lo, has a plan been developed with the school for managing this condition:					
() YES () NO – please contact the school to make an appointment					
Does this child require an EpiPen®?					
() NO () YES If yes, () Junior (between 33 lbs. and 66 lbs.) or () Regular (66 lbs. or more)					
Does this child have any other medical concerns of which the school should be aware?					
Medical Provider's Name:					
Phone:					
Is there any other information you would like us to have that would help us to improve service to this child? e.g. special services received, other professionals/agencies which are serving this child, etc.					

Note: Please ensure you send written instructions with your child whenever your child needs medication at school. In accordance with Policy 704, schools may not administer medication without your written instructions.

WHAT DO WE DO WITH STUDENT RECORDS?

Part 4 - modify as desired

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, credits obtained, graduation status, transcript of marks, etc.

Medicare numbers are used to create a unique identification number for research and registration purposes and to verify proof of immunization in accordance with the *Education Act* and other applicable legislation.

Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept <u>only as long as it is relevant to the services provided</u>. 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 or custody orders, etc.

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 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 in your school district.

DECISION-MAKING RESPONSIBILITY (CUSTODY) INFORMATION*

Part 5 - modify as desired

Please note: Schools are required to provide, on request from parents without decision-making* responsibilities (non-custodial parents*), information about a student's education, except when 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 parent with decision-making responsibility (custodial parent)* to provide the school with a copy of this document. Please contact the school for the appropriate form.

IMPORTANT		
Please notify the school of any changes occurring dur	ing the school year.	
Signature		
Signature of Mother, Father or Guardian	 Date	

^{*} Terminology changes as per the *Divorce Act*