

**Anglophone West School District
Student Data Collection Form 2024-2025
School: Meduxnekeag Consolidated 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)

New Brunswick Education Number (NBEN): _____

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 caregiver/organization

Does this student go home directly after school? () Yes () No
After school caregiver/organization: _____ Phone: () - _____
Street Address/Apt.: _____
Community: _____ Province: _____ Postal Code: _____

Ancestry Data – Self-identification - Completion of this section is voluntary

All Parents/Guardians and/or students are encouraged to self-identify. Self-identification is voluntary but is encouraged as this data will help School Districts and the Department of Education and Early Childhood Development to understand our student population better and to evaluate, research, and develop how to best support our students

Please indicate the ancestries with which the student most identifies. **Select all that apply.**

- Mi'kmaw Wolastoqey Peskotomuhkati Other First Nation Inuk Métis Black African
- Caribbean South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) West Asian (e.g., Iranian, Afghan, Turkish) Arab
- Latin American (e.g., Hispanic or Latin American descent) South American (e.g. Brazilian, Argentinian)
- White / Caucasian Chinese Filipino Korean Japanese Not listed Prefer not to answer

Additional Student Information

Home Phone: () - _____
Primary language spoken at N.B. home: _____
Secondary language spoken at N.B. home: _____
Does your child have access to a computer, laptop or tablet at home to continue learning throughout the day (not a phone)? 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)
 Parent/Guardian Lives With Can Pick Up School Closure Emergency Mailing
Phone 1: () - _____ Ext: _____ Type: _____ (e.g. Home, Mobile)
Phone 2: () - _____ Ext: _____ Type: _____
Phone 3: () - _____ Ext: _____ Type: _____
Email Address: _____
Employer: _____ (Please use BLOCK LETTERS)
Language First Learned: _____
Language spoken at N.B. home (Primary): _____
Language spoken at N.B. home (Secondary): _____

Student Contact (Other/Emergency/Weather Closure)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] Parent/Guardian [] Lives With [] Can Pick Up [] School Closure [] Emergency [] Mailing

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:

Language spoken at N.B. home (Primary):

Language spoken at N.B. home (Secondary):

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

Name on Medicare card: _____

Medicare number: _____

Dr. Name: _____ Dr. Phone: () - _____

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock, diabetic coma)?
() 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 information?

To provide education, the public education system collects a variety of information about students. Some of this information is kept permanently and provides a record should it ever be needed in the individual's lifetime. This information includes legal name, address, attendance, grades, credits obtained, graduation status, high school transcript of marks, etc.

Additional information is also needed to provide a variety of services and supports to students. This 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, teachers' or other professionals' comments, health information, intervention records, appeal records, copies of probation or custody orders, etc.

Medicare information is also collected, used, and disclosed for the purpose of creating a unique identification number for students, for registration purposes, and to verify immunization status with Public Health, in accordance with the Education Act and other applicable legislation.

The use and disclosure of student information falls into three categories:

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