

*Part 4 – do not modify*

## 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, 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 or 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 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 Education in your school district.*

*Part 5 – do not modify*

## CUSTODY INFORMATION

**Please note:** Schools are required to provide, on request from 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 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 during the school year.**

### Signature

\_\_\_\_\_  
Signature of Mother, Father or Guardian

\_\_\_\_\_  
Date

## Appendix A

# New Brunswick STUDENT DATA COLLECTION FORM

**Please print. Urgent – Please return this form as soon as possible.**

School \_\_\_\_\_

School No.: \_\_\_\_\_

## STUDENT INFORMATION

*Part 1 – modify as desired*

**Student Name:** \_\_\_\_\_  
(Legal Surname) (First) (Middle) (Preferred)

**Medicare #:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parent's Cell Phone:** \_\_\_\_\_

**Program:** ( ) Regular ( ) Early Immersion ( ) Late Immersion  
check one

**Physical Address:** (for transportation purposes)

**Mailing Address:**

House or 911 #: \_\_\_\_\_

P.O. Box #: \_\_\_\_\_

Highway Route #: \_\_\_\_\_

Comp: \_\_\_\_\_

Street Name: \_\_\_\_\_

Site: \_\_\_\_\_

Apartment #: \_\_\_\_\_

R.R.#: \_\_\_\_\_

Subdivision: \_\_\_\_\_

City: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### After School Information:

Does your child go home after school? ( ) ( ) If no, where? \_\_\_\_\_  
Yes No

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

Phone #: \_\_\_\_\_

(For School Use Only)

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

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

½ day Bus: \_\_\_\_\_

**CONTACT INFORMATION**

**Child lives with:** (check one)

( ) both parents    ( ) mother    ( ) father    ( ) joint custody    ( ) guardian

( ) other (specify) \_\_\_\_\_

**Siblings:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mother / Guardian / \_\_\_\_\_ (other):**

**Father / Guardian / \_\_\_\_\_ (other):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell 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 non-custodial parent, if applicable: \_\_\_\_\_

**MEDICAL INFORMATION**

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?

( ) YES ( ) NO – please contact the school to make an appointment

Does this child require an EpiPen®?

( ) NO ( ) YES    If yes, ( ) Junior (less than 33 lbs.) or ( ) Regular (33 lbs. or more)

Does this child have any other medical concerns of which the school should be aware?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor'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.

***over please . . .***