

Student Data Collection Form

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: _____

Anglophone West School District
Oromocto High School

PART 1. STUDENT INFORMATION

Student Legal Name <i>Must match birth certificate, passport, immigration papers, legal name change certificate, or adoption documents</i>		
First:	Middle:	Last:
Student Chosen Name <i>This is the name that the student is addressed by, and appears on school documents and school software systems</i>		
First:	Middle:	Last:
Complete if requesting a different chosen name than above		
First:	Middle:	Last:
Date of birth (MM/DD/YYYY):		NB Education Number (NBEN):
Gender: () Female () Male () Non-binary or another gender identity		
Physical Address		Mailing Address <i>Enter if different from physical address</i>
Apt/street address, community, province & postal code:		P.O. Box, apt/street address, community, province & postal code:
Home phone:		

PART 2. STUDENT ACCESS TO TECHNOLOGY

Does the student have access to internet in the home? () Yes () No
Does the student have access to an internet connected device (computer, laptop, or tablet)? () Yes () No

PART 3. CUSTODY / PARENTING ARRANGEMENTS MUST BE COMPLETED ANNUALLY; appropriate legal documentation must be provided

Are there any custody / parenting arrangements for this student?
Description/details <i>(include student's living arrangement or any other instructions):</i>
<div></div>
Please note: If there is a parenting order that prohibits a parent from accessing this student (no parenting time), the parent with decision-making responsibility (custodial parent) must provide the school with a copy of the order. Please contact the school to complete a <i>Denial of access form</i> and see <i>Policy 710 – Release of Students and Access to Student Information</i> for more information.

PART 4. LANGUAGE

Language(s) Spoken	Primary	Secondary (if applicable)
Language(s) spoken at New Brunswick home		
Student's languages		
Language(s) of prior schooling (if applicable)		

PART 5. CONTACT INFORMATION

CONTACT #1	
First Name:	Last Name:
Relationship:	
Contact valid for (check all that apply): <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> School Closure	
Phone Numbers List in order of priority (include any extensions)	Language(s) spoken at New Brunswick home
#1: () Work () Mobile () Home	Primary:
#2: () Work () Mobile () Home	Secondary (if applicable):
#3: () Work () Mobile () Home	
Physical Address Enter if different from student's address	Mailing Address Enter if different from physical address
Apt/street address, community, province & postal code:	P.O. Box, apt/street address, community, province & postal code:
Email address (please print):	

CONTACT #2	
First Name:	Last Name:
Relationship:	
Contact valid for (check all that apply): <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> School Closure	
Phone Numbers List in order of priority (include any extensions)	Language(s) spoken at New Brunswick home
#1: () Work () Mobile () Home	Primary:
#2: () Work () Mobile () Home	Secondary (if applicable):
#3: () Work () Mobile () Home	
Physical Address Enter if different from student's address	Mailing Address Enter if different from physical address
Apt/street address, community, province & postal code:	P.O. Box, apt/street address, community, province & postal code:
Email address (please print):	

CONTACT #3	
First Name:	Last Name:
Relationship:	
Contact valid for (check all that apply): <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> School Closure	
Phone Numbers List in order of priority (include any extensions)	Language(s) spoken at New Brunswick home
#1: () Work () Mobile () Home	Primary:
#2: () Work () Mobile () Home	Secondary (if applicable):
#3: () Work () Mobile () Home	
Physical Address Enter if different from student's address	Mailing Address Enter if different from physical address
Apt/street address, community, province & postal code:	P.O. Box, apt/street address, community, province & postal code:
Email address (please print):	

CONTACT #4	
First Name:	Last Name:
Relationship:	
Contact valid for (check all that apply): [] Parent/Guardian [] Lives With [] School Pickup [] Emergency [] Mailing [] School Closure	
Phone Numbers List in order of priority (include any extensions)	Language(s) spoken at New Brunswick home
#1: () Work () Mobile () Home	Primary:
#2: () Work () Mobile () Home	Secondary (if applicable):
#3: () Work () Mobile () Home	
Physical Address Enter if different from student's address	Mailing Address Enter if different from physical address
Apt/street address, community, province & postal code:	P.O. Box, apt/street address, community, province & postal code:
Email address (please print):	

AFTER SCHOOL CONTACT

If this student does not go directly home after school please complete this section	
Name of Afterschool Facility / caregiver:	
Phone Numbers List in order of priority (include any extensions)	Physical Address
#1: () Work () Mobile () Home	Apt/street address, community, province & postal code:
#2: () Work () Mobile () Home	
PICK UP ARRANGEMENTS – If someone is picking up your child from school who is not listed in the contacts above, the parent/guardian needs to notify the school in advance.	

PART 6. STUDENT MEDICAL INFORMATION MUST BE COMPLETED ANNUALLY

Name on Medicare card:	Medicare number:
Does this student have any life-threatening medical conditions (e.g., risk of anaphylaxis) or require any essential or routine health support services while attending school? () Yes () No	
If Yes, please describe:	
If Yes, has a plan been developed with the school? () Yes () No (If No, please contact the school to make an appointment)	
Does this student require epinephrine (e.g., EpiPen)? () Yes () No	
Does this student have any other health care needs that the school should be aware of? Please describe:	
Is there any other information you would like to share with the school to improve services to this student (e.g., special services received, other professional/agencies which are serving the student, etc.)? Please describe:	

PART 7. OPTIONAL SELF-IDENTIFICATION Completion of this section is voluntary

All Parents/Guardians and/or students are encouraged to self-identify. Self-identification 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 select the categories that best reflect how the student identifies. **Select all that apply.**

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

IMPORTANT Please notify the school of any changes occurring during the school year.

I/We, the parent/legal guardian of the above-named student, certify that the information provided on this form is correct.

SIGNATURE OF PARENT / LEGAL GUARDIAN / INDEPENDENT STUDENT	SIGNATURE OF PARENT / LEGAL GUARDIAN / INDEPENDENT STUDENT
--	--

SIGNATURE OF STUDENT 16 YEARS OR ABOVE (for formal use of chosen name and/or pronoun)

Part 8. WHAT WE DO WITH STUDENT RECORDS

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:

1. to help educators and other professionals provide direct service to the student;
2. for research and planning activities to improve education and enhance programs and services that benefit student development; and
3. for administrative purposes.

Parent and student information may be shared with provincially approved third-party solutions or platforms, such as SchoolMessenger, SchoolCash or BusPlanner. These tools help schools communicate with parents, arrange student transportation, handle administrative tasks, and enhance digital learning.

The self-identification is encouraged as this data will help School Districts and the Department of Education and Early Childhood Development do following:

- understand our student population better and the communities that we serve;
- develop better programming and services for everyone;
- uphold our commitments to create learning environments that are grounded in the principles of equity and inclusion; and
- evaluate and research how to best support our students, particularly for groups who have been historically marginalized and experience systemic racism.

If you have any questions about how personal information is used in the school system, please contact your school or school district.