

**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.*

**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



Department of Education and Early Childhood Development

(For School Use Only)

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

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

½ day Bus: \_\_\_\_\_

**Appendix A - STUDENT DATA COLLECTION FORM**

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

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

*Part 1 – modify as desired*

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Legal Surname First Middle Preferred

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

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender :** \_\_\_\_\_  
Year Month Day

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

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

**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? ( ) **Yes** ( ) **No** If no, where? \_\_\_\_\_

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

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

*Part 2 – modify as desired*

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

*Part 3 – do not modify*

**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 (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?

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 . . .***