
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):

Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____

Postal Code: _____

Employer: _____

Work Phone: _____

Parent/ Guardian / _____ (other):

Name: _____

Home Phone: Cell _____

Phone: Address: _____

City: _____

Postal Code: _____

Employer: _____

Work Phone: _____

Other Contact: (if parent not available)

Name: _____

Relation to Child: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Postal Code: _____

Weather Closure Contact: (if parent not available)

Name: _____

Relation to Child: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Postal Code: _____

Name of parent who does not have decision-making responsibility (non-custodial parent)*, if applicable:

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?

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 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.

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 during the school year.

Signature

Signature of Mother, Father or Guardian

Date

* Terminology changes as per the *Divorce Act*