

# Application to Establish a Diploma Examination Special Writing Centre 2011–2012

## 1. Student Personal Information

ALBERTA STUDENT NUMBER	<input type="text"/>	PRIMARY TELEPHONE	<input type="text"/>	SECONDARY TELEPHONE	<input type="text"/>
SURNAME	<input type="text"/>			BIRTH DATE	Year <input type="text"/> Month <input type="text"/> Day <input type="text"/> SEX (M/F) <input type="text"/>
LEGAL FIRST AND MIDDLE NAMES	<input type="text"/>				
PERMANENT ADDRESS	Apt/Street/Ave/P.O. Box/Route <input type="text"/>				
	Village/Town/City <input type="text"/>				
	Province <input type="text"/>	Postal Code <input type="text"/>			
STUDENT E-mail ADDRESS	<input type="text"/>				
PARENT e-mail ADDRESS	<input type="text"/>				

**For Office Use Only**

Approved  Denied

Signature \_\_\_\_\_

SWCE# \_\_\_\_\_

SWCS# \_\_\_\_\_

## 2. Examination administration session for which this request applies and application deadlines

- November 2011** (application deadline: September 27, 2011)     
 **June 2012** (application deadline: April 12, 2012)  
 **January 2012** (application deadline: November 4, 2011)     
 **August 2012** (application deadline: July 3, 2012)  
 **April 2012** (application deadline: March 1, 2012)

## 3. Diploma examination(s) to be written at the proposed Special Writing Centre

Examination	Examination	Examination
<input type="checkbox"/> ELA 30–1	<input type="checkbox"/> Social Studies 30–1	<input type="checkbox"/> Science 30
<input type="checkbox"/> ELA 30–2	<input type="checkbox"/> Social Studies 30–2	<input type="checkbox"/> Physics 30
<input type="checkbox"/> FLA 30–1	<input type="checkbox"/> Biology 30	<input type="checkbox"/> Pure Math 30
<input type="checkbox"/> Français 30–1	<input type="checkbox"/> Chemistry 30	<input type="checkbox"/> Applied Math 30

## 4. Course and school information

For which of the diploma examinations indicated above are you **currently completing the diploma exam course** and through which school are you taking that course?

Diploma Exam Course	School Where You are Currently Taking The Course

## 5. Reason for requesting approval to establish a Special Writing Centre

- I have a right of access to education in Alberta; after completing instruction in a diploma examination course at an accredited Alberta high school I (will) have moved from the province permanently; I cannot return to Alberta to write the examination (**proceed to Section 6**)  
 I will be participating in an activity or event outside Alberta during the diploma examination administration (**proceed to Section 7**)

## 6. Permanent move from Alberta

Date of the move \_\_\_\_\_ (Attach supporting documentation)  
Reason for the move \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Attach supporting documentation)

If you are currently enrolled in the course(s) for which you have requested to write diploma examinations at a Special Writing Centre, how, when, and where will you be writing the final school exams for those courses?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Attach supporting documentation)

Student Name: \_\_\_\_\_ Student ASN: \_\_\_\_\_

**7. Participation in a scheduled event or activity outside of Alberta**

Type of Activity or Event		Sponsoring Institution or Organization	
First Name and Surname of Person Authorizing or Supervising Student's Participation		Title/Role in the Organization	
Supervising Person's Telephone Number	Supervising Person's Email Address		
Student's Role in the Activity or Event	Location of Activity or Event (City, Province/State, & Country)		
Dates and Times of Official Participation in the Activity or Event (Attach supporting documentation)			
Dates and Times of Travel To and From the Activity or Event (Attach supporting documentation)			

**8. Address where student will reside while writing exams at a Special Writing Centre**

Building or Hotel Name or Name of the Individual Who Owns the Residence			
Apt#/Street/Ave/P.O. Box			
Village/Town/City			
Province or State	County	Postal Code	Telephone Number

**9. Proposed Special Writing Centre Supervisor Name and Contact Information at the Proposed Special Writing Centre**

First Name	Last Name	Title/Role in the Organization	
Name of Institution or Organization Where Employed		Type of Institution or Organization	
Building Name (If applicable)	Office/Room Number	Street Name and/or Number	
Town/City	Province/State	Country/Postal or Zip Code	
Telephone Number	Email Address		

- An *Application to Serve as a Special Writing Centre Supervisor* form, completed by the above named applicant, is attached
- A letter from the applicant's employer, on official business letterhead, confirming the applicant's employment status and authorization to serve as a Special Writing Centre Supervisor, if approved by Alberta Education, is attached to the application form

**10. Proposed Special Writing Centre Information**

- Space appropriate for the secure and appropriate storage and administration of diploma examinations is available at the proposed Special Writing Centre Supervisor's place of employment, and is described in his/her *Application to Serve as a Special Writing Centre Supervisor*
- A letter from the proposed Special Writing Centre Supervisor's employer, on official business letterhead, authorizing the use of the proposed space for Special Writing Centre purposes, and confirming its tentative procurement for the dates and times required for that use, is attached to the *Application to Serve as a Special Writing Centre Supervisor* form

**11. Student/Parent Declaration****S P**

- I have read, understand, and agree to comply with the directives, rules, and procedures associated with the establishment and writing of a diploma examination at a Special Writing Centre.
- I am not a relative or friend of, and have no other personal relationship with, the person who will serve as the Special Writing Centre Supervisor
- I am not a relative or friend of, and have no other personal relationship with, any person who has or will provide documentation in support of this application, except where specifically indicated on that documentation
- The information on this form is accurate and complete
- I understand the personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma examination(s). It will be treated in accordance with the privacy protection provision of **Part 2** of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at 780-427-0010 (to be connected toll-free within Alberta, first dial 780-310-0000).

Signature of Student	Date	Signature of Parent or Guardian (if student is under 18 years of age)	Date
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Student Name: \_\_\_\_\_ Student ASN: \_\_\_\_\_

**12. Application Process Manager Declaration** (School staff member who is managing the application process on behalf of the student)

- I have provided access to and explained to the student and his/her parent(s) all of the directives, rules, guidelines, and procedures associated with the handling and administration of diploma examinations at a Special Writing Centre
- I initiated communication with the institution or organization proposed to serve as the Special Writing Centre to confirm its tentative procurement and to identify an individual willing and able to serve as the Special Writing Centre Supervisor
- I have contacted the proposed Special Writing Centre Supervisor to confirm the accuracy and completeness of his/her application to serve in that role and to confirm that the proposed Special Writing Centre site has been tentatively procured
- I have verified and confirmed the accuracy and completeness of all information provided on this form and the supporting documents attached to it
- A completed *Registration to Write a Diploma Examination at a Special Writing Centre* form is attached, along with all required supporting documents and forms

\_\_\_\_\_  
Process Manager First Name                      Process Manager Surname                      School Name and School Code

\_\_\_\_\_  
Telephone Number                      Email Address

\_\_\_\_\_  
Process Manager Signature                      Date

**13. Principal Declaration**

- I have reviewed this form and all attached documents that are being submitted in support of the student's request to establish a Special Writing Centre and, to the best of my knowledge, the information on these documents is accurate and complete

\_\_\_\_\_  
Principal's Name                      Principal's Signature                      Date

\_\_\_\_\_  
Telephone Number                      Email Address

All **original signed** forms and documents **must be forwarded to and received by** Special Cases and Accommodations for the application process to be completed. While those signed documents are being forwarded, **scanned or digital copies** may be sent, by e-mail or fax, as **interim working versions**.

Special Cases and Accommodations, Alberta Education  
44 Capital Blvd, 10044 – 108 Street  
Edmonton AB T5J 5E6

**special.cases@gov.ab.ca**  
Phone: (780) 427-0010 Fax: (780) 422-4889  
To be connected toll-free within Alberta, dial 310-0000