

# Application to Establish a Pre-Approved Distance Learning Special Writing Centre 2016–2017

## 1. School/Program Information

SCHOOL AUTHORITY NAME	<input type="text"/>	AUTHORITY CODE	<input type="text"/>
SCHOOL OR PROGRAM NAME	<input type="text"/>	SCHOOL CODE	<input type="text"/>

## 2. Student Information

The following student lives outside Alberta and has applied to take diploma exam course(s) delivered through our online learning program:

ALBERTA STUDENT NUMBER	<input type="text"/>	PRIMARY TELEPHONE	<input type="text"/>	SECONDARY TELEPHONE	<input type="text"/>						
SURNAME	<input type="text"/>			BIRTH DATE	<table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Year	Month	Day	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Month	Day									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
LEGAL FIRST AND MIDDLE NAMES	<input type="text"/>										
PERMANENT ADDRESS	<input type="text"/> Apt/Street/Ave/P.O. Box/Route <input type="text"/> Village/Town/City <input type="text"/> Province <input type="text"/> Postal Code										
STUDENT E-mail ADDRESS	<input type="text"/>										
PARENT e-mail ADDRESS	<input type="text"/>										

**For Office Use Only**

Approved  Denied

Signature \_\_\_\_\_

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

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

SWC# \_\_\_\_\_

## 3. Diploma exam course(s) for which the student is registering and proposed diploma exam writing session(s)

Course	Proposed Diploma Exam Writing Session		Course	Proposed Diploma Exam Writing Session	
	Month	Year		Month	Year
<input type="checkbox"/> ELA 30–1			<input type="checkbox"/> Biology 30		
<input type="checkbox"/> ELA 30–2			<input type="checkbox"/> Chemistry 30		
<input type="checkbox"/> FLA 30–1			<input type="checkbox"/> Physics 30		
<input type="checkbox"/> Français 30–1			<input type="checkbox"/> Science 30		
<input type="checkbox"/> Social Studies 30–1			<input type="checkbox"/> Mathematics 30–1		
<input type="checkbox"/> Social Studies 30–2			<input type="checkbox"/> Mathematics 30–2		

## 4. 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 Distance Learning 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

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

**5. Proposed Special Writing Centre Information**

- Space appropriate for the secure and appropriate storage and administration of diploma exams is available at the proposed Special Writing Centre Supervisor's place of employment, and is described in his/her *Application to Serve as a Distance Learning 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 Distance Learning Special Writing Centre Supervisor* form

**6. Student/Parent Declaration**

**S P**

- I have read, understand, and agree to comply with the directives, rules, and procedures associated with the establishment of, and diploma exam administration at, the proposed Special Writing Centre
- I understand that no diploma exam materials will be sent to the proposed Special Writing Centre, if approved, until all assignments and school-based exams for the course associated with that exam are nearing completion and the appropriate exam registration and confirmation forms have been forwarded to Alberta Education
- I am not a relative or friend of, and have no other personal relationship with, the person who is applying to serve as the Special Writing Centre Supervisor
- I am not a relative or friend of, and have no other personal relationship with, the persons who have provided letters of confirmation in support of this application
- The information on this form is accurate and complete
- I understand that 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 exam(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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**7. Application Process Manager Declaration** (School staff member who is managing this application process on behalf of the student)

- All of the directives, rules, guidelines, and procedures associated with the handling and administration of diploma exams at a Special Writing Centre have been explained to the student and his/her parent(s)
- I initiated communication with the institution or organization proposed to serve as the Special Writing Centre to establish its availability for that purpose 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
- I have retained a completed copy of this form, and all supporting documents attached to it, so that they can be reviewed for currency and accuracy and resubmitted when the student is ready to register to write specific diploma exams at the proposed Special Writing Centre

Process Manager First Name	Process Manager Surname	School Name and School Code
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Telephone Number	Email Address
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Process Manager Signature	Date
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**8. Principal Declaration**

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

Principal's Name	Principal's Signature	Date
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Telephone Number	Email Address
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