



1.	School/Program In	nforma	ation											
	SCHOOL AUTHORITY NAME								AUTH CODE	ORITY			1	
	SCHOOL OR								SCHO				<u> </u>	
	PROGRAM NAME								CODE	Į			_	
2.	Student Information	on												
	The following student lives outside Alberta and has applied to take diploma exam course(s) delivered through our online learning pro-											g progr	am:	
	ALBERTA STUDENT NUMBER			PRIMARY TELEPHONE	Γ			SECOND TELEPHO						
	SURNAME			TELEFHONE				TELEFT	JNE	BIRTH	Year M	Month D	ay	
	LECAL FIRST AND									DATE				
	LEGAL FIRST AND MIDDLE NAMES													
	PERMANENT ADDRESS	Apt/Street	:/Ave/P.O. Box/Route											
		Village/Te	own/City											
		Province	Province Postal Code											
	STUDENT Email ADDRESS													
	PARENT email ADDRESS													
3.	Diploma exam cou	ırse(s)			ng a	and proposed diplo								
	Dinlama Camaa		Proposed Diploma Exam Writing Administration			Di-lama Cama		Proposed Diplo Writing Admir						
	Diploma Course		Month	Year		Diploma Course		Month		Yea				
	☐ ELA 30–1					Biology 30								
	☐ ELA 30–2					Chemistry 30								
	☐ FLA 30–1				Ę	Physics 30								
	Français 30–1 Social Studies	30_1			F	Science 30 Mathematics 30–1	1							
	☐ Social Studies				E	Mathematics 30–2								
4.	Proposed Special V	M/witin	a Cantra Sunarri	gor Nama and C	on	toot Information of	t the Dre	nogod Sn	ooial	Whitin	a Cont	- mo		
4.	r roposed Special	vv 1 1t111	g Centre Supervi	sor ivallie aliu C	OII	tact illioi mation at	t the Fro	pposeu sp	eciai	VV I IUIII	ig Cent	ie		
	First Name		Last Na	me				Title/Role in	the Orga	anization				
	Name of Institution or Organ	here Employed	Type of Institution or Organization											
	Building Name (If applicable		Office/Room Number Street Name and/or Number				Number							
				Country					Postal or Zip Code					
	Town/City Province/State			County				rostai oi Zip Coue						
	Telephone Number			Email Address										
	An Application to Serve as a Distance Learning Special Writing Centre Supervisor form, completed by attached								y the ab	ove na	med a	pplican	t, is	
	A letter from the applicant's employer, on official business letterhead, confirming the applicant's employer to serve as a Special Writing Centre Supervisor, if approved by Alberta Education, is attached to the applicant											uthoriza	ation	
		_	-			-	•		•					
													Page	1 of 2

Student Name:					Student ASN:						
5.]	Proposed Special Writing Centre Information										
[pace appropriate fo	r the secure and appropriate adm		a exams is available at the proposed Special Writing Centre to Serve as a Distance Learning Special Writing Centre						
[pı	roposed space for S	pecial Writing Centre purposes,	and confirming its te	visor's employer, on official business letterhead, authorizing the use of the confirming its tentative procurement for the dates and times required for that Learning Special Writing Centre Supervisor form						
5. \$	Stude	nt/Parent Declarat	tion								
	S I	I have read, und	I have read, understand, and agree to adhere to the rules, directives, guidelines and procedures associated with the establishment of, and diploma exam administration at, the proposed Special Writing Centre								
			at the student is responsible for b granted for technical issues	eing proficient in the	use of Quest A+ and that exemptions from writing diploma						
		assignments and		a course associated wit	ted to the proposed Special Writing Centre, if approved, until all sociated with that diploma exam are nearing completion and the appropriate forwarded to Alberta Education						
		I am not a relative Centre Supervise		personal relationship w	ith, the person who is applying to serve as the Special Writing						
		I am not a relative support of this a	ve or friend of, and have no other ppplication	_	ith, the persons who have provided letters of confirmation in						
			on this form is accurate and comp								
		Information and a Special Writin and Protection o	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) a Special Writing Centre. 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) 492-1462.								
S	ignature	of Student	Date	Sign	ature of Parent or Guardian (if student is under 18 years of age) Date						
. /	Applic	cation Process Ma	nager Declaration (School staff	member who is man	aging this application process on behalf of the student)						
			ctives, guidelines and procedures a plained to the student and his/her p		lling and administration of diploma exams at a Special Writing						
	I initiated communication with the institution or organization proposed to serve as the Special Writing Centre to establish its availabili 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 that role and to confirm that the proposed Special Writing Centre site has been tentatively procured										
	I have notified the proposed Special Writing Centre Supervisor of the obligation to administer the diploma exams digitally with proficient and I have informed the student that exemptions from writing diploma exams are not granted for technical issues										
	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										
F	rocess N	Manager First Name	Process Manager Surname	_	School Name and School Code						
1	elephone	e Number	Email Address								
F	rocess N	Manager Signature			Date						
. 1	Princi	ipal Declaration									
					in support of our request to establish a Special Writing Centre, the information on these documents is accurate and complete						
F	rincipal'	's Name	Principal's Sign	ature	Date						
1	elephone	e Number	Email Address								
Cap	ital Blv	and Accommodations vd, 10044 – 108 Street 3 T5J 5E6			ses@gov.ab.ca 80) 492-1400 Fax: (780) 492-1153						