

Accommodation Transfer Form 2018–2019

ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

| | | |
|------|-------|-----|
| Year | Month | Day |
|------|-------|-----|

 TELEPHONE
(e.g., 95 Jul 20)

Email ADDRESS

Note: This form should only be submitted when a student has transferred courses after the diploma exam registration deadline. Submission of this form will ensure that the student receives the special format materials, which were requested earlier, for the correct diploma exam.

| | |
|--|--|
| <p>Student was originally registered in [please check <input checked="" type="checkbox"/>]:</p> <p><input type="checkbox"/> Social Studies 30–1 <input type="checkbox"/> Social Studies 30–2</p> <p><input type="checkbox"/> English Language Arts 30–1</p> <p><input type="checkbox"/> English Language Arts 30–2</p> <p><input type="checkbox"/> Mathematics 30–1 <input type="checkbox"/> Mathematics 30–2</p> <p><input type="checkbox"/> Other (Specify): _____</p> | <p>Student has transferred to [please check <input checked="" type="checkbox"/>]:</p> <p><input type="checkbox"/> Social Studies 30–1 <input type="checkbox"/> Social Studies 30–2</p> <p><input type="checkbox"/> English Language Arts 30–1</p> <p><input type="checkbox"/> English Language Arts 30–2</p> <p><input type="checkbox"/> Mathematics 30–1 <input type="checkbox"/> Mathematics 30–2</p> <p><input type="checkbox"/> Other (Specify): _____</p> |
|--|--|

The following material(s) were requested in the **original accommodation application submission** [please check]:

CD for students with visual impairment [Accommodation 1]

CD for students with learning or physical disability [Accommodation 2]

Large Print

Braille

Coloured Paper

Other, Specify: _____

School Name: _____ School Code: _____ Date: _____

Writing Centre Name: _____ School Code: _____

Student's Signature _____

Principal's Signature _____

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 provide the student with the correct accommodation for the purpose of writing 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) 643-9157.

This form must be submitted to:
 Alberta Education, Special Cases and Accommodations team
 44 Capital Blvd.
 10044 – 108 Street
 Edmonton AB T5J 5E6

E-mail: special.cases@gov.ab.ca
 Phone: (780) 415-9424 or 780-427-9795
 (toll free connection 780-310-0000)
 Fax: 780-643-7052