

# Application to Establish a Pre-Approved Distance Learning Special Writing Centre 2018–2019

## 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	Apt/Street/Ave/P.O. Box/Route										
	Village/Town/City										
	Province	Postal Code									
STUDENT Email ADDRESS	<input type="text"/>										
PARENT email ADDRESS	<input type="text"/>										

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

Diploma Course	Proposed Diploma Exam Writing Administration		Diploma Course	Proposed Diploma Exam Writing Administration	
	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
Telephone Number		Postal or Zip Code
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 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 adhere to the rules, directives, guidelines and procedures associated with the establishment of, and diploma exam administration at, the proposed Special Writing Centre
- I understand that the student is responsible for being proficient in the use of Quest A+ and that exemptions from writing diploma exams are not granted for technical issues
- I understand that no diploma exam materials will be transmitted to the proposed Special Writing Centre, if approved, until all assignments and school-based tests for the diploma course associated with that diploma exam are nearing completion and the appropriate diploma 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) at 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) 643-9157.

Signature of Student

Date

Signature of Parent or Guardian (if student is under 18 years of age) Date

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

- All of the rules, directives, 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 notified the proposed Special Writing Centre Supervisor of the obligation to administer the diploma exams digitally with proficiency 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

Process Manager First Name

Process Manager Surname

School Name and School Code

Telephone Number

Email Address

Process Manager Signature

Date

**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

Telephone Number

Email Address

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