Registration to Write a Diploma Exam at Special Writing Centre 2018–2019

Alberta Education

This section to be completed by the student:

1. Student's Personal Information

ALBERTA STUDENT NUMBER		PRIMARY TELEPHONE		SECONDARY TELEPHONE	
SURNAME				BIRTH DATE	Year / Month / Day
LEGAL FIRST AND MIDDLE NAMES					
PERMANENT ADDRESS	Apt/Street/Ave/P.O. Box/Route				
	Village/Town/City				
	Province		Postal Code		
STUDENT Email ADDRESS					
PARENT email ADDRESS					

2. Diploma exam administration for which this registration applies and application deadlines

- ☐ **November 2018**; deadline for application: October 5, 2018
- ☐ **January 2019**; deadline for application: November 1, 2018
- ☐ **April 2019**; deadline for application: February 22, 2019
- ☐ **June 2019**; deadline for application: April 12, 2019
- ☐ **August 2019**; deadline for application: July 2, 2019

3. Diploma exam(s) to be written (language of the diploma exam and diploma exam name/component) at the proposed SWC in this administration:

Diploma Exam Name/Component	Diploma Exam Language and Diploma Exam Name/Component			Diploma Exam Language and Diploma Exam Name		
	E*	F*		E*	F*	
☐ ELA 30–1 Pt. A	☐	☐	Social Studies 30–1 Pt. A	☐	☐	Biology 30
☐ ELA 30–1 Pt. B	☐	☐	Social Studies 30–1 Pt. B	☐	☐	Chemistry 30
☐ ELA 30–2 Pt. A	☐	☐	Social Studies 30–2 Pt. A	☐	☐	Physics 30
☐ ELA 30–2 Pt. B	☐	☐	Social Studies 30–2 Pt. B	☐	☐	Science 30
☐ FLA 30–1 Pt. A				☐	☐	Mathematics 30–1
☐ FLA 30–1 Pt. B				☐	☐	Mathematics 30–2
☐ Français 30–1 Pt. A						
☐ Français 30–1 Pt. B						

***** E = English; F = French

4. Diploma course completion information for diploma exam(s) ***being written for the first time***

Diploma Course	Teacher Name	School Name	Final School Test Date	
			Day	Month

☐ A *Teacher Confirmation of Student Readiness to Write a Diploma Exam* form is attached for each course listed above

5. Diploma course completion information for diploma exam(s) being ***rewritten; instruction in the course currently being retaken***

5.1 _____ Diploma Course Name _____ School Name

_____ Teacher Name _____ Diploma Course Enrolment Date (month & year) _____ Scheduled Date of Final School Test (day & month)

Student Name: _____ Student ASN: _____

5.2 _____ _____
Diploma Course Name School Name

_____ _____ _____
Teacher Name Diploma Course Enrolment Date (month & year) Scheduled Date of Final School Test (day & month)

6. Course completion information: diploma exam(s) being *rewritten without retaking instruction in the course*

6.1 Diploma Course Name: _____Year originally written/instruction taken: _____

Specific reason why this diploma exam must be rewritten at this administration (attach official supporting documentation)

_____

_____

6.2 Diploma Course Name: _____Year originally written/instruction taken: _____

Specific reason why this diploma exam must be rewritten at this administration (attach supporting documentation)

_____

_____

7. 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 exam course at an accredited Alberta high school I (will) have moved from the province permanently; I cannot return to Alberta to write the diploma exam **(proceed to Section 8)**

☐ I will be participating in an activity or event outside Alberta during the diploma exam administration **(proceed to Section 9)**

8. Permanent move from Alberta

Date of the move _____ (Attach official supporting documentation)

Reason for the move _____

_____

_____ (Attach official supporting documentation)

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

_____

_____

_____ (Attach official supporting documentation)

9. 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 official supporting documentation)**

_____
Dates and Times of Travel To and From the Activity or Event **(Attach official supporting documentation)**

10. Address where student will reside while writing diploma 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

Student Name: _____ Student ASN: _____

11. Student/Parent Declaration

S	P	
☐	☐	I have read, understand, and agree to adhere to the directives, rules and procedures associated with the establishment and writing of a diploma exam at a Special Writing Centre
☐	☐	I understand that the reasonable likelihood of passing a diploma exam must be demonstrated before the writing of that diploma exam at a Special Writing Centre will be permitted
☐	☐	I understand that, if approval to write a diploma exam at a Special Writing Centre is based on current enrolment in that diploma exam course, then the validation and release of that diploma exam mark is contingent upon the successful completion of that course prior to the scheduled diploma exam administration date, even if instruction in the diploma course is being retaken
☐	☐	I understand that the release of diploma exam marks for diploma exams written at the Special Writing Centre is contingent upon the adherence to all diploma exam rules, directives, guidelines and procedures
☐	☐	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
☐	☐	I am able to use Quest A+ proficiently and understand that exemptions will not be granted for reasons related to technical issues
☐	☐	All of the information on this form is true, 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 _____

This section to be completed by the Process Manager (School staff member who is managing the application process on behalf of the student)**:**

13. 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 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

14. Application Process Manager Declaration

☐ I have verified the accuracy and completeness of all information provided on this form and the supporting documents attached to it

First Name _____ Surname _____ School Name and School Code _____

Telephone Number _____ Email Address _____

Process Manager Signature _____ Date _____

15. Principal Declaration

☐ I have reviewed this form and all attached documents that are being submitted in support of the student's registration to write a diploma exam(s) at the proposed 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 _____

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

special.cases@gov.ab.ca
Phone: (780) 415-9294 or 780-427-9795
(toll free connection 780-310-0000)
Fax: 780-643-7052