Alberta

Review by the Minister

Parents' Request Form

Name of person requesting a Review by the Ministe	er:
LAST:	FIRST:

Please indicate relationship to the student (parent, guardian, the student (16 years of age or older):

Address / Postal Code

Phone number (000-000-0000)

Email address

Please provide background information relevant to the matter:

Full legal name of student

LAST:

FIRST:

MIDDLE:

DATE OF BIRTH (yyyy-mm-dd):

SCHOOL BOARD:

Please select the area to be reviewed:

The provision of specialized supports and services to students in	Which board is responsible for a student or child
accordance with Section 11(4) or to a child enrolled in an early childhood services program	Access to or the accuracy or completeness of a student record
The expulsion of a student	

The Minister of Education has discretion to determine if the decision will be reviewed (*Education Act*, Section 44).

Please check the items that you are sending and attach them to this form:

Letter from the board with the time, date and place of the Hearing

A copy of the materials prepared by the Principal for the Board Committee

A copy of any materials you prepared and presented to the Board Committee

A copy of the letter from the Board Committee that includes the reasons for their decision

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Explain how the decision is not reasonable and/or fair (2,000 character limit; a letter may be attached if additional space is required).

Signature / eSignature (must include signature)

After you fill-in and sign this form, please send this form, along with all supporting documentation, to Learner Supports at:

By mail: Director, Learner Supports Branch 8th floor, 44 Capital Boulevard 10044-108 Street Edmonton, AB T5J 5E6 By email: LearnerSupports@gov.ab.ca