

Accommodation Request Transfer Form 2009–2010



ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

Year	Month	Day
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SEX

M–Male
F–Female

TELEPHONE

(e.g., 90 Jul 20)

PERMANENT ADDRESS

E-mail ADDRESS

Special Cases Use Only

Entered

Note: This form should only be submitted when a student has transferred courses after an *Application for Accommodations for Students with Special Diploma Examination Writing Needs* form was submitted for the course in which he/she was originally registered. Submission of this form will ensure that the student receives the special format materials, which were requested earlier, for the correct diploma examination.

Session for which the accommodation(s) have been requested and the deadlines for submitting this form:

<input type="checkbox"/> January 2010 Administration Nov. 18, 2009	<input type="checkbox"/> June 2010 Administration April 27, 2010	<input type="checkbox"/> August 2010 Administration July 16, 2010
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<p>Student was originally registered in [please check <input checked="" type="checkbox"/>]:</p> <p><input type="checkbox"/> Social Studies 30 <input type="checkbox"/> Social Studies 33</p> <p><input type="checkbox"/> Social Studies 30-1 <input type="checkbox"/> Social Studies 30-2</p> <p><input type="checkbox"/> Applied Mathematics 30 <input type="checkbox"/> Pure Mathematics 30</p> <p><input type="checkbox"/> English Language Arts 30-1 <input type="checkbox"/> English Language Arts 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 <input type="checkbox"/> Social Studies 33</p> <p><input type="checkbox"/> Social Studies 30-1 <input type="checkbox"/> Social Studies 30-2</p> <p><input type="checkbox"/> Applied Mathematics 30 <input type="checkbox"/> Pure Mathematics 30</p> <p><input type="checkbox"/> English Language Arts 30-1 <input type="checkbox"/> English Language Arts 30-2</p> <p><input type="checkbox"/> Other (Specify): _____</p>
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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 _____

This form must be submitted by the specified deadline dates to:

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

E-mail: special.cases@gov.ab.ca
Phone: (780) 427-0010 Fax: (780) 422-4889
To be connected toll-free within Alberta, dial 310-0000