

Request for Exemption from Writing Diploma Examinations



ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

Year	Month	Day
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 SEX M-Male F-Female TELEPHONE

PERMANENT ADDRESS
Apt/Street/Ave/P.O. Box/Route

Village/Town/City

Province Postal Code

E-mail ADDRESS

EDUCATION

For Learner Assessment Use Only

Approved Denied

Signature

Exam administration session for which this request applies:

November 2009
 January 2010
 April 2010
 June 2010
 August 2010

Reason for Request:

Inclement Weather
 Administrative Error
 Bereavement [Death certificate/obituary attached]
 Relationship to Student: _____

Acute Medical*
 Court [Subpoena attached]
 Other: (Specify) _____

*Exemptions are **not** granted for ongoing or chronic medical conditions (see Chronic Medical Conditions in the *Special Cases & Accommodations* section of the General Information Bulletin).

Note: If this request is for medical reasons, a doctor must complete **Section C** on this form **or** forward an official letter. The letter should be on the doctor's letterhead or prescription pad and **must** include the doctor's name and signature as well as the following information:

- ◆ date of medical visit
- ◆ specific medical reason for the student being unable to write the exam(s)

Section A – Student and Parent/Guardian

- I/we understand that the personal information collected on this form pursuant to section 32(c) of the *Freedom of Information and Protection of Privacy Act* will be used to process and administer the writing and/or rewriting of the registered diploma examination(s) and/or for making the appropriate adjustment of marks in the registered subject(s). This information will be used for the purposes stated, by Alberta Education only.
- I/we have accurately provided information on this request form.
- If this request relates to an acute medical condition, I/we authorize the release of personal medical information to support the application. I/we acknowledge that this request for exemption **will be denied** if I/we refuse to authorize the release of relevant personal medical information.

Signature of Student Date

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

**Request for Exemption from Writing Grade 12
Diploma Examinations— Continued**



ALBERTA STUDENT
NUMBER
STUDENT'S NAME

[]
[]

Section B - Principal

I recommend that _____
(Name of Student) (Date of Birth)

- be granted a full exemption from writing the _____ diploma examination(s)
 be granted a partial exemption from writing the Part(ie) A or B _____ diploma examination(s)

Reason for exemption and additional information from the school: _____

I attest the above application to be true.

Area Code

Principal/Designate Signature _____ Date: _____

Principal's Name _____ School Telephone _____

Area Code

School Code _____ School Name _____

Fax Number _____ School E-mail Address _____

Area Code

Second Contact Name and E-mail Address _____

Section C - Medical Doctor

I have confirmed that _____ has authorized the release of his/her medical information to
(patient's name)
Alberta Education in support of a request for a diploma examination exemption

I hereby certify that _____ is/was under my care and attention from _____
(patient's name)
to _____ and in my opinion is/was unable to write his/her Alberta High School diploma examination(s) during
this period for the **specific** medical reason(s) indicated below:

Doctor's Name (please print) _____

Doctor's Official Stamp

Doctor's Signature: _____

Date: _____

This form must be submitted to:

Alberta Education, Special Cases & 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