



Exhibit 1

Related Procedure: 3 – 18 Student Records

Request for Student Records

Date: _____

Attn: Office of the Principal

Name/Address of Previous School:

Four horizontal lines for entering the name and address of the previous school.

Please forward the Cumulative Records, and all Confidential Files including psychological, behavioral, academic assessments and medical reports for the following student in accordance with Alberta Student Record Regulations for the Province of Alberta, Section 2(1).

Student Legal Name: _____

Student AKA Name: _____

Student D.O.B.: _____

Current Grade _____

ASN (Alberta Student Number if known): _____

If no records are available, please call or fax the school to advise.

Thank you.

Name Address of Requesting School:

Three horizontal lines for entering the name and address of the requesting school.

The collection of personal information herein is collected pursuant to the provisions of the School Act and its Regulations. The Freedom of Information and Protection of Privacy Act (FOIP) and the Vital Statistics Act, as the collection is related directly to and is necessary to the School Boards' obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by the parent or guardian of the student.