

Application for Special Provisions

Grade 12 Provincial Examinations

STUDENT INFORMATION										
Birthdate					Learning ID					
Day	Month	Year								
Last Name					First and Middle Names					
SCHOOL INFORMATION										
School Name							School Telephone Number			
Town/City					Email: (for receipt of approval document)					

AUTHORIZATION TO RELEASE INFORMATION TO OFFICE OF THE REGISTRAR

In the event the Ministry of Education requests copies of documentation, permission is granted to release my records to verify my request for special provisions. I understand that the information collected on this form will be used to process and administer the writing and/or rewriting of the provincial examination(s) indicated on this form. This information will be used for the purposes stated, by the Ministry of Education only.

Student

Signature (electronic signature acceptable)

(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)

Day	Mon	Year	

Parent/Guardian

Signature (electronic signature acceptable)

(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)

Day	Mon	Year	

- Principal: Please check this box to confirm documentation substantiating the request is on file at the school. DO NOT submit the documentation to the Ministry of Education.
- If reader or scribe is requested, audio recordings are retained at the school for six months following the examination session.

Indicate the student's ongoing need for support: _____

Requests for more than one session may be submitted at one time. However, **please use separate application forms for each session**. Please check **ONE** session, subject(s) requiring special provision(s), and special provision(s) requested.

Session (Choose ONE only)	Subject(s)	Special Provision(s) Requested
<input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> January <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> August	<input type="checkbox"/> ELA A <input type="checkbox"/> ELA B <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics <input type="checkbox"/> Math: Workplace & Apprenticeship <input type="checkbox"/> Math: Foundations <input type="checkbox"/> Math: Pre-calculus <input type="checkbox"/> Biologie <input type="checkbox"/> Chimie <input type="checkbox"/> Physique <input type="checkbox"/> Maths: travail et apprentis <input type="checkbox"/> Maths: fondements des mathématiques <input type="checkbox"/> Maths: précalcul	<input type="checkbox"/> extended time <input type="checkbox"/> separate room <input type="checkbox"/> reader (session to be audiotaped) <input type="checkbox"/> scribe (session to be audiotaped) <input type="checkbox"/> word processor or braille <input type="checkbox"/> assistive device (session to be audio taped and recording retained at school) Specially printed examination paper (select one) <input type="checkbox"/> large print <input type="checkbox"/> coloured paper (provide sample) <input type="checkbox"/> Braille <input type="checkbox"/> other

Principal or Designate

Signature (electronic signature acceptable)

(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)

Day	Mon	Year	

Email form to: assessment@gov.sk.ca Phone: 306-787-2362