



Student Activity Report For Colony Schools

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIPP Act, Sections 32(c), 37(b) & 38(c). Information acquired through this form is kept secure and access is restricted.

School Name: _____

Student's Legal Name: _____

Birthdate: _____ SEX: Male Female

ALBERTA STUDENT IDENTIFICATION NUMBER (ASN): _____

Date of last day in school: _____

Reason for leaving school: _____

Teacher's Signature

Date