



## 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: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SEX: Male  Female

ALBERTA EDUCATION IDENTIFICATION NUMBER (ASN): \_\_\_\_\_

Date of last day in school: \_\_\_\_\_

Reason for leaving school: \_\_\_\_\_

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Teacher's Signature

Date