

Student Records Management – Exhibit 1

Parent/Guardian Approval for Preferred Names and Pronouns

Sturgeon Public Schools is committed to fostering a safe, respectful, and inclusive environment for all students.

In accordance with the *Education Act*, the *Education Amendment Acts (2024 and 2025)*, and [*Administrative Procedure 520: Student Records Management*](#), schools are required to notify and obtain consent from parents for teachers, principals, and other school staff to use a new preferred name or pronouns where the request is made by a student aged 15 or under. Schools are required to notify the parents/guardians if the request is made by a student 16 or older.

This form may be initiated:

- By the school, when a student aged 15 or under requests a preferred name or pronoun change.
- By a parent or legal guardian, to request a preferred name or pronoun change for their child.
- By the school for information, when a student 16 or older makes the request.

STUDENT INFORMATION:

Full Legal Name: _____

Preferred Name: _____

Grade/Teacher: _____

Preferred Pronouns

Current Pronouns: _____

Preferred Pronouns: _____

(e.g., she/her, he/him, they/them, other)

Request Initiation

This request was initiated by (check one):

- ☐ The student
☐ The parent/legal guardian

At the date of this request the student is: ☐ 15 or younger ☐ 16 or older



PARENTAL/GUARDIAN CONSENT *(only required if 15 or younger):*

I, the undersigned, am the parent/legal guardian of the above-named student and consent to the use of their preferred name and pronouns in the school setting as requested. I understand this request applies to internal school use and communications, and that the student's legal name will continue to appear on official records and Alberta Education documents unless a legal name change is completed.

Parent/Legal Guardian 1 Name: _____

Relationship to Student: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Parent/Legal Guardian 2 Name: _____ (if applicable)

Relationship to Student: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

SCHOOL ACKNOWLEDGEMENT:

The school acknowledges receipt of this request and commits to implementing the requested changes within the parameters of [Administrative Procedure 520 – Student Records Management](#) and provincial legislation.

School Representative Name: _____

Position: _____

Signature: _____ Date: _____

IMPORTANT NOTES:

- This form applies to internal school use and communications. Legal name changes require a separate process.
- If parents/guardians share joint custody, both parties must sign to ensure alignment with legal responsibilities.



- Parent/guardians may contact the school Principal or Counselor for additional support regarding this request.
- Confidentiality will be maintained in accordance with Sturgeon Public School Division's policies.

REFERENCE:

[Administrative Procedure 520: Student Records Management](#)

The personal information collected on this form will be used to respond to your request. This collection is under the authorized section 4 (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Access to Information Coordinator of the Sturgeon Public School Division at 780-939-4341.