

PILGRIM AREA COLLABORATIVE

Extended Services

Student Referral *(completed by sending School District)*

GAP (Gaining Adult Proficiencies) Program ~Learning for Life~

- 1 District Special Ed. Director or designee completes and signs form.
- 2 Attach copy of student I.E.P. and Transition Plan
- 3 Attach copy of student transcripts
- 4 Send to PACES Office (below)
- 5 Prospective student will be required to submit a personal essay & 2 teacher recommendations

Requested by: _____

Date: _____

District: _____

Phone: _____

Expected Enrollment: (circle) Fall Spring

STUDENT PROFILE

Student Name: _____ Date of Birth: _____

Current School: _____ Current grade: _____

School Contact: _____ Contact Phone: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work/Cell: _____

Town/Zip: _____ Work/Cell: _____

School representative authorized to commit the resources of the District:

Name: _____ Title: _____

Please print

Signature: _____ Date: _____

** If student is over 18 proof of guardianship or shared decision making must be included with application.*

Send this completed form with attachments to:

Attn: Deb Booth, PACES Director 42 Industrial Park Rd. Plymouth, MA 02360

Fax: 781-552-4550

E-mail: dbooth@pilgrimac.org