

PILGRIM AREA COLLABORATIVE

Extended Services

Independent Student Application

GAP (Gaining Adult Proficiencies) Program

~Learning for Life~

- 1 Applicant/Guardian completes form
- 2 Attach copy of most recent I.E.P. and Transition Plan (if applicable)
- 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

This application is to be completed only for those students seeking enrollment independent of their school district. A letter from the school district confirming acceptance of High School Diploma is required to complete the application process.

Date of Application: _____

Expected Enrollment: (circle) Fall Spring

STUDENT PROFILE

Student Name: _____ Date of Birth: _____

Current School: _____ Current grade: _____

Address: _____ Home Phone: _____

Town/Zip: _____ Student Cell: _____

Parent/Guardian: _____ Cell: _____

- I have already graduated High School Date of Graduation: _____
- I will be accepting my Diploma Anticipated Date of Graduation: _____

By signing below, I am submitting my application for GAP enrollment with the acknowledgement that I have either already accepted my HS Diploma or upon graduation, I will no longer be entitled to receive Special Education Services from my local School District. I will not seek District reimbursement or compensation for GAP Tuition.

Applicant _____ Date: _____
Signature

Parent/Guardian _____ Date: _____
Signature

* If applicant 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