

# PACE at Wellington Departure Form

Date \_\_\_\_\_

I understand that with my signature below, I agree to forfeit my child's placement in the PACE at Wellington program.

(optional) I would like the PACE at Wellington program to be aware of the reason for our departure.

---

---

---

---

Parent or Guardian Signature \_\_\_\_\_

---

Student Name

Grade

---

Residential School

---

Home Address