



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD  
PERMISSION FOR REMEDIAL PROGRAM**

Date (yyyy-mm-dd):

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**NAME OF STUDENT**

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**NAME OF SCHOOL**

To Parents/Guardians of \_\_\_\_\_

This is to notify you that we would like to include your son/daughter in a remedial  
\_\_\_\_\_ program with the Special Education teacher.

If you would like more information about this, please contact your child's teacher.

If you agree that your child receive this program please sign this form and return it to the school.

Sincerely,

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Parent/Guardian  
Signature

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Principal and Special Education  
Resource Teacher