



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD  
SPECIAL EDUCATION DEMITTING FORM**

Date (yyyy-mm-dd):

Dear Parent/Guardian:

You have requested that your child \_\_\_\_\_ not take part in/be demitted from the Special Education Program at \_\_\_\_\_

Please sign this form and return it to the school.

Sincerely, \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian  
Signature

\_\_\_\_\_  
Principal and/or Special Education Teacher  
Signature