

Greater Albany SD 8J
Administrative Regulation

Code: **IGBHC-AR**
Adopted: 3/12/01
Revised: 8/13/07

Alternative Education Notification

DATE _____

TO: Parent or guardian¹ of _____

FROM: _____

RE: Notification of Alternative Education

Your student qualifies for alternative education as a result of the following student action:

Alternative education programs available for your student at this time consist of _____

The recommendation of district staff members for your student is _____

Procedures for enrolling your student in the recommended program are as follows: _____

NOTE: A personal letter may be substituted for this form, providing it contains the above information.

¹As used in this document, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student whom rights have transferred and foster parent as defined in OAR 581-015-0005(18).