

Central School District 13J

Code: **IGBHC-AR**  
Revised/Reviewed: 6/28/99; 8/01/11  
Orig. Code(s): IGBHC-AR

**Alternative Education Notification**  
(Sample Notification Form)

Date: \_\_\_\_\_

To: Parent of \_\_\_\_\_

From: \_\_\_\_\_

Re: Notification of Alternative Education

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternatives 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_