

**Alternative Education Notification**

DATE \_\_\_\_\_

TO: Parent of \_\_\_\_\_

FROM: \_\_\_\_\_

RE: Notification of Alternative Education

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

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

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The recommendation of district staff members for your student is \_\_\_\_\_

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