

Cove School District 15

Code: **IGBHC-AR**
Revised/Reviewed: Unknown; 8/20/13

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:

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: _____

