

Echo School District 5R

Code: **IGBHC-AR**
Revised/Reviewed: 11/10/98; 1/22/13
Orig. Code(s): IGBHC-AR

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:

