

Elkton School District 34

Code: **IGBHC-AR**
Adopted: 8/10/98

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:
