

**Gresham-Barlow SD 10**

Code: **IGBHC-AR**  
Adopted: 5/02/02  
Readopted: 9/24/15

**Alternative Education Notification**

(optional use - content may be included in written correspondence to the parents)

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: \_\_\_\_\_