

Grant School District 3

Code: **IGBHC-AR**
Revised/Reviewed: 4/11/12

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:

Alternative education programs 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: _____