

Jackson County  
School District 9

Code: **IGBHC-AR**  
Adopted: 11/14/01  
Revised/Readopted: 1/14/04

**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: \_\_\_\_\_