



Code: **IGBHC-AR**
Adopted: 8/21/02
Readopted: 10/20/08; 6/15/15
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:

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:
