

Milton-Freewater  
School District 7

Code: **IGBHC-AR**  
Revised/Reviewed: 1/99; 3/13/17

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_