

Morrow County School District

Code: IGBHC-FORM  
Adopted: 9/14/98  
Readopted: 5/12/03

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: \_\_\_\_\_