

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: _____