

Mt. Angel School District 91

Code: **IGBHC-AR**
Revised/Reviewed: 7/08/02; 7/12/10
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:
