

**North Santiam
School District**

Code: **IGBHC-AR**
Adopted: 8/22/02
Readopted: 10/19/17
Orig. Code(s): IGBHC-AR

Alternative Education Notification

DATE: _____

TO THE 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: _____
