

Oregon City School District

Code: IGBHC-AR  
Review: 1/14/08

Alternative Education Notification

DATE \_\_\_\_\_

TO: Parent of \_\_\_\_\_

FROM: \_\_\_\_\_

RE: Notification of Alternative Education

1. Your student qualifies for alternative education as a result of the following student action:

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

2. Alternative education programs available for your student at this time consist of \_\_\_\_\_

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

3. The recommendation of district staff members for your student is \_\_\_\_\_

\_\_\_\_\_

4. Procedures for enrolling your student in the recommended program are as follows: \_\_\_\_\_