

**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: \_\_\_\_\_

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