

Scappoose School District 1J

Code: **IGBHC-AR**
Revised/Reviewed: 12/08/03; 7/09/18
Orig. Code(s): IGBHC-AR

Alternative Education Notification

Date _____

[District]
[Address]

To the parent of: _____

RE: Notification of Alternative Education

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

Alternative education program available for your student at this time consist of: _____

The recommendation of district staff members for your student is: _____

The procedures for enrolling your student in the recommended program are as follows:

[Superintendent] Date