

**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