

Silver Falls School District 4J

Code: IGBHC-AR(1)
Revised/Reviewed: 7/13/98; 8/19/02; 1/08/18
Orig. Code(s): IGBHC-AR(2)

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: _____

