

**Stanfield School District 61**

Code: **IGBHC-AR**  
Adopted: 10/9/02  
Readopted: 4/10/08  
Orig. Code(s): IGBHC-AR

**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:

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

Alternatives 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: \_\_\_\_\_

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