

**South Umpqua  
School District 19**

Code: **IGBHC-AR**  
Revised/Reviewed: 10/18/17

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

---

---