

**Notice for Alternative Education**

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 programs 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