

**Yoncalla School District 32**

Code: **IGBHC-AR**  
Revised/Reviewed: 8/23/00; 6/11/12  
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 \_\_\_\_\_

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Alternative education programs available for your student at this time consist of \_\_\_\_\_

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The recommendation of district staff members for your student is \_\_\_\_\_

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Procedures for enrolling your student in the recommended program are as follows \_\_\_\_\_

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