## **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: