

Sisters School District 6

Code: **IGBHC-AR**
Adopted: 7/11/05
Revised/Reviewed: 3/11/08
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: _____

Alternative education programs available for your student at this time consist of: _____

The recommendation of district staff members for your student is: _____

Procedure for enrolling your student in the recommended program are as follows: _____