Sisters School District 6

Code: IGBHC-AR
Adopted: 7/11/05
Readopted: 03/11/08
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:

___________________________________________