

**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: \_\_\_\_\_