

Seaside School District 10

Code: **IGBHC-AR**
Adopted: 7/26/07

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: _____

