Port Orford-Langlois School District 2CJ

Code: IGBHC-AR
Adopted: 6/8/04
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 _____

_____

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