

Alternative Education Notification

STUDENT _____	AGE ____	BIRTHDATE _____
SCHOOL _____	GRADE _____	GENDER _____ RACE _____
NAME OF PARENT/GUARDIAN _____		
EMAIL ADDRESS/HOME _____	EMAIL ADDRESS/WORK _____	
MAILING ADDRESS _____	PHONE WORK _____	HOME _____

Dear Parent/Guardian,

This letter is to notify you that your son/daughter has been assigned to the District Alternative Education Program. Reason(s) for the assignment include: _____

Your child's team looks forward to meeting with you to discuss development or amendment of the individual learning plan addendum for your child, and other matters related to provision of alternative education program services. The meeting will take place on _____ (DATE) at _____ (TIME) at _____ (LOCATION). If you are unable to attend, we will mail you written notification to explain the results of the meeting.

If you have questions, please contact me. Otherwise, please contact me to let me know if you will be attending this important meeting.

Sincerely,

Signature of School Personnel _____ *Date*

Contact's Telephone: _____ Contact's Email: _____

ADMINISTRATIVE NOTE: Changes in educational placement for students identified under the IDEA or Section 504 shall be implemented consistent with applicable legal requirements.