

# Lebanon Community Schools

Code: **JGE/IGBHC-AR(D)**  
Revised/Reviewed: 6/15/98; 1/20/11  
Orig. Code(s): IGBHC-AR/JGE-AR(D)

## Alternative Education Program Notification/Selection Form

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip School: \_\_\_\_\_

In accordance with Lebanon Community School District policy, we are notifying you of alternative education programs available to your student. The basis for this notice is the following condition(s):

- 1. The student has demonstrated severe disciplinary problems.
- 2. The student has an erratic attendance record.
- 3. The student will be going through expulsion procedures or has been expelled.
- 4. The parent has applied for student exemption from compulsory attendance as defined in ORS 339.030.

The district offers the following options for alternative education. Please mark your choice.

1. \_\_\_\_\_ Contact: \_\_\_\_\_  
2. \_\_\_\_\_ Contact: \_\_\_\_\_

The district recommends \_\_\_\_\_  
on the basis of the student's learning styles and needs.

Building administrator: \_\_\_\_\_

\*I have received this notification: \_\_\_\_\_ Date: \_\_\_\_\_  
\*(To be signed unless sent by certified mail) Parent/Guardian

If you have questions about the above options or the school's recommendations, please contact the building administrator.

I understand that I am responsible for returning this signed/dated form to the superintendent's office in the enclosed self-addressed envelope. I understand that failure to return the form does not release me from my obligations under the Compulsory Attendance Law (ORS 339.020). Furthermore, I understand that I am

responsible for making the contact and enrolling the student in the selected program. I give my permission for student information to be shared between resident school and the alternative provider I have selected above.

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Parent/Guardian signature

Date

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Student signature (If age 18 or older)

Date