

PINELLAS COUNTY SCHOOLS  
**EDUCATIONAL ALTERNATIVE SERVICES PARENTAL / GUARDIAN AND STUDENT NOTIFICATION FORM**

Dear Parent or Guardian,

Your child, \_\_\_\_\_ meets the student eligibility criteria for enrollment in a:

Voluntary educational program available through the Pinellas County Schools.

The program your child has been accepted into is a:

**Disciplinary Program** – This program has been designed to help your child acquire the behavior necessary to return successfully to a regular school program or one of the district’s Educational Alternative Services voluntary dropout prevention programs or schools. You have the right to request an evaluation to determine eligibility for an exceptional student education program. Our staff will assist you in entering your child into this program and will communicate with you regularly regarding progress toward a return to a regular classroom.

**Educational Alternative** - This program has been designed to help your child experience improved school attendance, academic achievement and a positive attitude in order to become a more successful student. If your child remains in the program, you have a right to request an evaluation of your child for an exceptional student program if you think he / she would qualify.

**Teen Parent Program** - This program has been designed to help your child experience improved school attendance, academic achievement and a positive attitude in order to become a more successful student. Additional support services such as daycare and parenting education are available to program participants. You have a right to request an evaluation of your child for an exceptional student program if you think he / she would qualify.

**Vocational Rehabilitation Referral** – Vocational Rehabilitation Transition Youth Services help students with disabilities train for a job, continue their education, or find a job after high school. These services are delivered as a foundation for a seamless transition to individualized training, education and employment for ESE and 504 students.

I understand that my child named above is being enrolled in an educational alternative and academic intervention program, which is a program different than the traditional programs of the District due to its alternative methods, curriculum, and setting. I hereby acknowledgment receipt of this notice and understand that I am entitled to an administrative review of any action by school personnel relating to such enrollment pursuant to the provisions of Chapter 120, F.S

LOCATION OF SERVICES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your continued support regarding your son/daughter’s educational program.

\_\_\_\_\_  
Parent / Guardian Name (Print)                      Parent / Guardian Signature                      Date

\_\_\_\_\_  
Student Name                      Student Signature                      Date