

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:

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 to become a more successful student. Additional support services such as daycare, parenting education, and health education are available to program participants. The health education curriculum includes videos related to the content. You have a right to request an evaluation of your child for an exceptional student program if you think he/she would qualify.

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