

Alternative School Placement

I, _____, parent of _____
concur with the administrative recommendation of _____
School that my child be placed in the Jackson County Alternative
School from _____ to _____ for violation
of school board policies.

I further agree that my right to appear before the Jackson County
School Board is waived and I will not appear at the Board Meeting
on _____.

Parent Signature

Date

School Administrator Signature