

# BOSTON PUBLIC SCHOOLS



Code of Conduct  
Attachment 3.15

## Notification of Interim Alternative Placement: Student with Disabilities

*Send two copies. Ask parent to sign and return one copy to the school.*

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

<Parent Name>

<Parent Address>

Dear <Parent Name>,

On \_\_\_\_\_, 20\_\_\_\_, your son/daughter \_\_\_\_\_  
violated Section(s) \_\_\_\_\_ of the *Code of Conduct* for the following reasons:

Since your son/daughter is a student with disabilities, a Team meeting was held on \_\_\_\_\_, 20\_\_\_\_  
regarding this violation of the *Code of Conduct*. Present at that meeting were the following: \_\_\_\_\_

The Team determined that your son/daughter should be placed in the following Interim Alternative Educational  
Placement for up to forty-five (45) days: \_\_\_\_\_

You may not appeal this placement.

**Please sign and date one copy of this letter and return it to your son/daughter's school. Keep the other copy  
of the letter for your records.**

Thank you.

\_\_\_\_\_  
Principal / Headmaster

*This is to acknowledge receipt of this  
Notification of Interim Alternative Placement:  
Special Education Student.*

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

*Please sign one letter and return it to your  
son's/daughter's school. Keep the other  
letter for your records. Thank you.*

cc: Director of Special Education  
Director of Alternative Education  
Enrollment Services  
Student Permanent Record