SCHOOL LETTERHEAD

DATE

RECIPIENT ADDRESS

Subject: Montana Options Program School Attendance

Dear Parent/Guardian of _____.

_____ (*student name*), a recent Montana Options Program participant, has been dropped from the Montana Options Program because attendance requirements have not been satisfied.

Per Montana Montana Options Program Guidelines and the Montana Options Student Contract as posted on the Office of Public Instruction Website, participants must maintain full-time attendance until the last day all seniors attend classes. Prior to entry into the program, the student and parent/guardian were required to sign off on the Montana Options Student Contract, and full-time attendance expectations were discussed.

_____ *(student name)* has be absent _____ *(hours missed)* hours from school. Per Montana Code Annotated, 720 or more aggregate hours of pupil instruction per school year is counted as full-time enrollment.

Multiple school-based interventions and supports have been provided, and those resources will continue to be available. Please consult with _____ (*name of high school counselor*), the high school counselor to discuss local in school and alternative education options. If those options are not possible, the high school counselor will refer the student to the local adult education program for high school equivalency attainment.

Sincerely,

(*Printed Name and Signature of Chief Education Officer*)

Phone Number

High School Name