

**Parent Request for Exemption from State Testing (excluding Math & ELA)**

*This form is for parents/guardians to use in applying for an exemption to standardized testing requirements OTHER than the Math & ELA tests. Its purpose is to enable the district to discharge its legal right and responsibility to evaluate an exemption request.*

*Under Oregon Administrative Rule 581-022-1910, a "school district may excuse students from a state-required program or learning activity, where necessary, to accommodate students' disabilities or religious beliefs." To comply with state requirements,* ***this form must be completed in its entirety and be legible****. Incomplete requests will not be accepted. This form must be completed by the student's parent or guardian or the student only if 18 years of age or older or a legally emancipated minor.*

*Completed forms can be submitted to the school or to the District Office.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessments for which the exemption request is being made:**

**\_\_** OSAS Science (gr 5,8,11) \_\_\_ Kindergarten Assmnt (kg only) \_\_\_ English Language Proficiency (ELPA21) for eligible students in K-12

\_\_ English Language Proficiency Screener (ELPA Screener) for eligible students in K-12 \_\_\_ Extended Science Assmnt (for eligible students w/disabilities gr 5,8,11)

**Reasons for the request:**

**\_\_\_\_** Disability \_\_\_\_ Religious Belief

**Contact your student's teacher to propose an alternate learning activity for your student to do while other students test.**

PARENT/GUARDIAN\* (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Adult students **(**age 18 and older**)** may sign on their own behalf and do not require a signature by a parent or guardian.

Parent/Guardian or Adult Student (printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL USE ONLY Received by: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

It is the school's responsibility to ensure that students with approved exemptions are not tested in exempted subjects.