



School Administrative Unit #41

Hollis, Brookline & Hollis-Brookline Cooperative School Districts
Office of the Superintendent of Schools
4 Lund Lane
Hollis, New Hampshire 03049
603.324.5999 fax 603.465.3933

Statewide Assessment Parent Exemption Form

DESCRIPTION OF RIGHTS: RSA 193-C:6 permits parents to exempt their public school student from taking the New Hampshire’s statewide assessments in mathematics, English language arts, and/or science by submitting this form to the school the student attends. A parent’s advance notice of a student exemption using this form will assist the school in the administration of the assessment. The submission of an exemption form, whether before or after the administration of the assessment, is required by law. The school shall provide an appropriate alternative educational activity for the time period during which the assessment is administered. The alternative activity shall be agreed upon by the school district and the parent or legal guardian of the student. This form will be maintained at the school and does not need to be sent to the NH Department of Education. Visit this link to read RSA 193-C:6 : <http://www.gencourt.state.nh.us/rsa/html/xv/193-C/193-C-6.htm>; and this link to read the New Hampshire Department of Education’s Technical Advisory from 2018: <https://www.education.nh.gov/who-we-are/commissioner/technical-advisories>.

To exempt a student from taking the statewide assessment(s), this section must be completed by the parent or legal guardian:

Student’s Legal Last Name _____

Student’s Legal First Name _____

Student’s Enrolled Grade _____ Student’s School _____

Please indicate the state test(s) you are exempting your student out of for the 2024-25 school year:

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Mathematics |
| <input type="checkbox"/> | English Language Arts |
| <input type="checkbox"/> | Science (grades 5, 8, and 11 only) |

1. I understand that by signing this form I am exempting my child out of the statewide assessment(s) indicated above.
2. The following alternative activity has been agreed upon by the school district and the parent or legal guardian of the student: silent reading, previous school assignments, etc.
3. I, the undersigned, acknowledge that no scores or summary of individual student performance, based on the statewide assessment, will be provided to me as a result of my decision to exempt my student from the statewide assessment.

Parent/Legal Guardian _____ Date _____

(signature)

Principal/Administrator _____ Date _____

(signature)