

Dayton School District #8

Parent Request for Exemption from OSAS Science Assessment

School Year: 2025–2026

The Dayton School District participates in the **Oregon Statewide Assessment System (OSAS)** as required by the Oregon Department of Education. In accordance with **OAR 581-022-1910**, parents/guardians may request that their student be **exempt from the OSAS Science assessment** based on a **disability** or **religious belief**.

This exemption applies only to the OSAS Science assessment and is valid for the current school year only.

Student Information

- Student Name: _____
- Student District ID (if known): _____
- School: _____
- Grade: _____

Assessment Exemption Requested

☐ OSAS Science

Reason for Exemption

Please select **one** reason for requesting this exemption:

- ☐ Disability
- ☐ Religious Belief

Required Statement

OAR 581-022-1910 requires that parents/guardians submit exemption requests **in writing**, including the reason for the exemption and a description of an **alternative individualized learning activity** that meets the same learning goals as participation in the Science assessment.

Parent / Guardian Acknowledgment

I understand that:

- This request applies **only to the OSAS Science assessment**
- My student will be provided a **supervised alternative activity** during testing
- Opting out does **not affect grades, promotion, or graduation**
- This form is **valid only for the 2025–2026 school year**

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Electronic signatures are accepted and considered valid.

School Use Only

- Date Received: _____
- Received By: _____
- Entered in System: ☐ Yes ☐ No

Notes: _____