

301 S 3<sup>rd</sup> St PO BOX B Alsea, OR 97324

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## **Parent Request for Exemption from Select State Assessments**

Under Oregon Administrative Rule 581 - 021 - 009, parents may request that their student be exempted from taking the **OSAS Science** and/or **ELPA 21** tests to accommodate a student's disabilities or religious beliefs. To best support school planning, please complete and submit this form to Alsea's Front Office by March 1<sup>st</sup> of the current school year.

The form exempts the student for the conformation for the school year of the exemption.	urrent school year only. Exemption red	quests must be submitted a	annually
Student's Legal Last Name:	Student's Legal Firs	t Name:	
Enrolled Grade:	Date:		
I am requesting that my student be exem year.	pt from the following assessment(s) for	the 20 20	_ school
☐ Science (OSA	AS Online or Extended version; only gi ruage Proficiency Assessment for the 2		)
Indicate your reason for req  Religious reason	uesting this exemption (one or both bo asons		
If opting out of assessment, proposed	alternate activity:		
Parent/Guardian Signature	Printed Name		
Faient/Guardian Signature	Fillited Ivallie	Date	
	SCHOOL USE ONLY		
Approved by:  Keep in district office for 1 year.	Γ	Oate:	_