**Reynolds School District Administration Offices** 1204 NE 201st Avenue Fairview, OR 97024

(503) 661-7200 • fax (503) 667-6932

**2023-24 Parent Request for Exemption from State Summative Assessments**

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.

**Student’s Legal Last Name:**

Student’s Legal First Name:

**Student’s ID Number:**

**Student’s School:**

Enrolled Grade:

**Date:**

Please indicate the state test(s) you are requesting exemption from for the current school year:

* Science ☐ ELPA ☐ Extended

Reasons for the request (based on disability or religious belief):

Proposed alternative for an individualized learning activity which meets the goals of the assessment(s):

Parent/Guardian or Adult Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date:

Received by:

**DISTRICT USE ONLY**

