## **Yoncalla School District**

Attn: Chelsea Ross 292 5th Street Yoncalla, OR 97499 (541) 849-2175 Office (541) 849-2316 Fax

## 2024-2025 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/guardian. **Please return this form no later than Friday, April 4th, 2025**. After submitting, a meeting may be requested by your child(ren)s principal to discuss your concerns regarding their testing.

Student's Legal Last Name:

Student's Legal First Name:		
	Enrolled Grade:	
Student's School:	Date:	
Please indicate the state test( year: ☐ Science ☐ ELPA ☐ Ex	(s) you are requesting exemption from for the current sc	hool
Reasons for the request: *Request must be based on dis	sability or religious belief	
Proposed alternative for an incassessment(s): *Required for consideration	dividualized learning activity which meets the goals of t	he
	:	
Adult and emancipated students, may		dian.
Adult and emancipated students, may	sign on their own behalf and do not require a signature by a parent or guardent (printed name):	dian.