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 20____ school year:

<table>
<thead>
<tr>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts</td>
</tr>
<tr>
<td>Science</td>
</tr>
</tbody>
</table>

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:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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)

Parent/Legal Guardian ____________________________________________

(printed name)