

**Butte Falls School District**  
**PO Box 228 Butte Falls, OR 97522**  
**541.865.3563**

**2021-22 Parent Request for Exemption from the Oregon Science Assessment**

*This exemption request applies **only** to the **Oregon Science** assessment.  
It does not apply to other state or district assessments or learning activities.*

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: \_\_\_\_\_ Enrolled Grade: \_\_\_\_\_

Student’s School: \_\_\_\_\_ Date: \_\_\_\_\_

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

Proposed alternative for an individualized learning activity which meets the goals of the science assessment:

Parent/Guardian\* (signature)

\*Adult students (age 18 and older) may sign on their own behalf and do not require a signature by a parent or guardian.

Parent/Guardian or Adult Student (printed name)

**SCHOOL USE ONLY** Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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