NOTIFICATION FOR PUBLIC SCHOOL EXEMPTION CERTIFICATE SDCL 13-27-3

**PLEASE PRINT OR TYPE LEGIBLY - ITEMS 1-14 MUST BE COMPLETED BY PARENT/GUARDIAN**

1. Public School District ___________________________________________ School Year 20__ - 20____
2. Parent(s) or Guardian ___________________________________________
3. Address _______________________________________________________
4. City _______________________
5. County _______________________________________________________
6. State _______________________
7. Zip _______________________
8. Phone _______________________
9. Email _______________________
10. Address _____________________________________________________
11. Phone _______________________
12. Instructor Name(s): ____________________________________________
13. School Location: ____ HOME ____ OTHER (Describe ‘Other’- example: Group / Organization / Church, etc)

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<tr>
<th>NAME – Last / First / Middle Initial</th>
<th>Gender M/F</th>
<th>Date of Birth MM/DD/YYYY</th>
<th>Grade</th>
<th>*Testing Year Y/N</th>
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*Per SDCL 13-27-3 Each child receiving alternative instruction who is in grades four, eight, or eleven shall take a nationally standardized achievement test of the basic skills.
Per SDCL 13-27-3.1 parent(s)/guardian(s) upon filing an initial exemption notification must include for each child:

a. A certified copy of the child's birth certificate, within 30 days of initial enrollment or excuse; OR
b. Affidavit in lieu of the birth certificate as issued by the Department of Health; OR
c. Provide an affidavit notarized or witnessed by two or more people, swearing or affirming that the child identified on the notification is the same person appearing on the child's certified birth certificate. (See the reverse side of this application for affirming affidavit)

14. **Signatures:** Parent(s)/Guardian(s) ____________________________________________

   Witnesses ____________________________________________

OR

STATE OF SOUTH DAKOTA)

COUNTY OF __________)

On this, the _____ day of _________, 20__, before me, ______________________, the undersigned officer, personally appeared ______________________ known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for purposes therein contained.

In witness whereof, I here unto set my hand and official seal.

Signature: ____________________________________________

Title: ____________________________________________

My Commission Expires: ____________________________ ***************

Confirmation of receipt by the district (not required for approval) ____________________________

**District Representative**

**Parent/Guardian Instructions:** Submit the completed form to the public school district office where you reside.

**School District Instructions:** Send one copy of this notification to SD Department of Education 800 Governors Dr. Pierre, SD 57501. Provide one copy to parent / guardian.
AFFIDAVIT OF AFFIRMING

The following affidavit has been either notarized or witnessed by TWO or more witnesses, swearing or affirming that the child(ren) identified on the attached notification for excuse is the same person appearing on the child's certified birth certificate.

SIGNATURES

Parent(s) / Guardians ______________________________________________

First Witness _______________________________________________

Second Witness _______________________________________________