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. School Location: ___ HOME ___ OTHER (Describe ‘Other’- example: Group / Organization / Church, etc)
11. Address ___________________________________________________________________________________
12. Phone _____________________________________________________________________________________
13. Instructor Name(s): __________________________________________________________________________
14. List each child that will be receiving alternative instruction:

<table>
<thead>
<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.

Required

Parent/Guardian Signature: ___________________________ Date: ____________________

14. 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;

This documentation must be included in subsequent years only for any new children added to the form.

**If neither a certified copy of the child’s birth certificate or the Department of Health affidavit is available the affidavit on the back of this form must be completed.

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(s) appearing on the child's certified birth certificate(s).

SIGNATURES

Parent(s) / Guardians ________________________________

First Witness ________________________________

Second Witness ________________________________

OR

Notarized

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: ______________________________

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

District Name

______________________________

Representative Signature