

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

Per SDCL 13-27-2, as soon as a family files this notification, it immediately becomes effective. No approval action is required by the school board.

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. Alternative Instruction Program to be Attended: _____
- 10. Address _____
- 11. Phone _____
- 12. Instructor Name(s): _____
- 13. List each child that will be receiving alternative instruction:

| NAME – Last / First / Middle Initial | Gender M/F | Grade | Date of Birth MM/DD/YYYY |
|--------------------------------------|---------------|-------|-----------------------------|
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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 notification for affirming affidavit)

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

Witnessess _____

OR

STATE OF SOUTH DAKOTA} SS

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

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 _____