

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

Per SDCL 13-27-7. Notice must be filed annually
 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 _____ Email _____
 9. School Location: ___ HOME ___ OTHER (Describe 'Other'- example: Group / Organization / Church, etc)

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	Date of Birth MM/DD/YYYY	Grade	*Testing Year Y/N

***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

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}
 }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 Name

Representative Signature

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.