# Parent Request for Religious Exemption from State Assessments

After reviewing the state assessments, I do not want my son/daughter to participate in the assessment indicated below due to a conflict with our religious belief.

Please initial all assessments that apply.

PSSA: PASA:

\_\_\_\_\_ English Language Arts (grades 3-8) ­­­­­\_\_\_\_\_ Reading (grades 3 – 8 and 11)

\_\_\_\_\_ Math (grades 3-8) \_\_\_\_\_ Math (grades 3 – 8 and 11)

\_\_\_\_\_ Science (grades 4 and 8) \_\_\_\_\_ Science (grades 4, 8, and 11)

Keystone:

\_\_\_\_\_\_ Literature

\_\_\_\_\_\_ Algebra I

\_\_\_\_\_\_ Biology

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Student Name Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District of Residence School Student is Enrolled

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Legal First Name (Print) MI Parent Legal Last Name (Print)

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Address Telephone

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Parent Signature Date

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CLIU Representative Date

\*\*\*\*\*Forward this document to the superintendent of the student’s home school district\*\*\*\*\*\*

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Superintendent Signature Authorized Declined Date