



PARENT EXEMPTION & OPT-OUT FORM

Under Alaska Statute **AS 14.03.016** (A Parent's Right to Direct the Education of the Child), public school districts are required to adopt procedures that allow parents to withdraw their students from any state-mandated assessment, district-wide assessment, or specific classroom activity, instruction, or learning material.

Parents/guardians can submit this form directly to their child's school principal or registrar. Please note that this form must be completed annually.

NOTICE OF EXEMPTION / OPT-OUT

To: Principal / School Administration

School Name:

District: Chatham School District

Date:

Student Name:

Grade Level:

Pursuant to **AS 14.03.016**, I am formally exercising my legal right as a parent/guardian to opt my student out of state-mandated assessments, district-wide assessments, and/or specific classroom activities for the **20__–20__** school year.

SECTION 1: Standardized & District Testing Opt-Out

My student is to be excused from participating in the following assessments indicated below:

- ☐ **AK STAR (Alaska System of Academic Readiness):** English Language Arts (ELA) and Mathematics assessments (Grades 3–9).
- ☐ **Alaska Science Assessment:** State science assessment (Grades 5, 8, and 10).
- ☐ **Alaska Reads Act Assessments:** State-mandated K–3 early literacy screeners, progress monitoring, and associated reading diagnostic testing.
- ☐ **District-Wide Benchmark & Formative Testing:** District-administered assessments (e.g., MAP Growth, i-Ready, STAR Math/Reading, or local interim screeners).

- ☐ **ALL State and District-Wide Standardized Tests.**

SECTION 2: Classroom Activity & Instructional Material Opt-Out

Pursuant to **AS 14.03.016(a)(1)**, I object to and request that my student be excused from the following specific classroom activities, assignments, instruction, or learning materials:

- ☐ **Sex Education / Human Sexuality / Reproductive Health Instruction**
- ☐ **Specific Classroom Activity, Unit, or Assessment:**

- ☐ **Specific Learning Material, Text, or Video:**

SECTION 3: Alternate Learning Accommodations

Please ensure my child is provided with an alternate, non-disruptive learning activity, alternate assignment, or quiet location (such as reading or independent coursework) during the specified testing blocks, instruction, or activities.

Thank you for documenting this request in my student's official file.

Parent/Guardian Signature:

Parent/Guardian Printed Name:

Contact Email / Phone Number: