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

PLEASE PRINT OR TYPE LEGIBLY - ITEMS 1-15 MUST BE COMPLETED BY PARENT/GUARDIAN

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This request for a Certificate of Excuse from public school attendance is made in compliance with SDCL 13-27- 2, pursuant to SDCL 13-27-3, as passed by the 1993 South Dakota Legislature. As parents/guardians, with this request affirm that we recognize our responsibility for the statutory requirements of the education of our children pursuant to 13-27-3, 13-27-7, and 13-27-29.	1. Date 2. Public School District 3. Parent(s) or Guardian 4. Address 6. County 9. Phone 10. Alternative Instruction Program to 11. Address 12. Phone 13. Instructor(s) Name(s): receiving home school instruction:	7. State	8. d	5. City . Zip+4	
Name	Grade	Birth	Date	Ethnicity # (Completing ethnicity is optional)	
 c. Provide an affidavit notarize affirming that the child identii appearing on the child's certi application for affirming affid 15. Signatures: Parent(s)/0 	rtment of Health in lieu of the birth certi d or witnessed by two or more people, s fied on the request for excuse is the sar fied birth certificate. (See the reverse s avit of affirming)	swearing or ne person ide of this	5. Nativ 6. Whit 7. Non	k or African American ve Hawaiian or Pacific Islander te -Hispanic two or more races	
STATE OF SOUTH DAKOTA } }SS COUNTY OF		MUST BE COMPLETED BY SCHOOL BOARD Pursuant to SDCL 13-27-7, there is hereby issued this Certificate of Excuse from school attendance to the Child(ren) named above for the period from,, 20 to, 20 by reason of the fact that the child(ren)shall receive competent alternative instruction. Dated this day of, 20 Signatures, President			
		 Once signed by school board president, send the application and all additional documentation to: The Department of Education, 700 Governors Drive, Pierre, South Dakota 57501, and The location of alternative program. 			

AFFIDAVIT OF AFFIRMING

The following affidavit has been either notarized or witnessed by TWO or more witness, swearing or affirming that the child(ren) identified on the attached request for excuse is the same person appearing on the child's certified birth certificate.

SIGNATURES

Parent(s) Guardians ______
First Witness ______
Second Witness _____