



Four Rivers Community School  
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Ontario, OR 97914  
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## 2025-26 Parent Request for Exemption from the OSAS Science Assessment

*This exemption request applies **only** to the **Oregon Science** assessment. It does not apply to other state or district assessments or learning activities. All requests are subject to district review.*

Under Oregon Administrative Rule 581-022-1910, a “school district may excuse students from a state required program or learning activity, where necessary, to accommodate students’ disabilities or religious beliefs.”

To comply with state requirements, **this form must be completed in its entirety and be legible**. This form must be completed by the student’s parent or guardian or the student only (if 18 years of age or older or a legally emancipated minor).

Student’s Legal Last Name \_\_\_\_\_

Student’s Legal First Name \_\_\_\_\_

Student’s 4RCS ID Number (6 digits) \_\_\_\_\_ Enrolled Grade \_\_\_\_\_

Date \_\_\_\_\_

Assessment for exemption request:  OSAS Science  ORExt Science

Reason(s) for the request:  Disability  Religious Belief

Proposed alternative for an individualized learning activity, which meets the goals of the exempted learning activity (science assessment):

Parent/Guardian or Adult Student\* (signature) \_\_\_\_\_

\*Adult students (age 18 and older) may sign on their own behalf and do not require a signature by a parent or guardian.

Parent/Guardian or Adult Student (printed name) \_\_\_\_\_

\*\*\*Please return the completed form to the school. Incomplete forms will not be accepted.\*\*\*

**SCHOOL USE ONLY** Received by \_\_\_\_\_ Date \_\_\_\_\_  
Email form to [eoaharar@ontario.k12.or.us](mailto:eoaharar@ontario.k12.or.us)