



Four Rivers Community School
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2025-26 Parent Request for Exemption from the OSAS ELPA Assessments

*This exemption request applies **only** to the **ELPA Summative/Alt ELPA/ELPA Screener** assessments. 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: ELPA Summative Alt ELPA ELPA Screener

Reason(s) for the request: Disability Religious Belief

Proposed alternative for an individualized learning activity, which meets the goals of the exempted learning activity (ELPA English language 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 eohtarar@ontario.k12.or.us