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Parent or Guardian Affidavit to Delay Entry into an Exempt School – Form 1

TO:(Name and address of loc	eal Public Schoo	l District)	
student(s)		, the undersigned	d, being a parent or guardian of the
(Printed Name of Parent	or Guardian)		
school year, previously listed school year, 3) student(s) to enter grade one for the	2) the student(s) the student(s) where following schale student(s) are	s) will not reach seven you vill participate in an education ool year, 4) I am filing the therefore exempted from	ars of age prior to January 1 of the ears of age prior to January 1 of the cation program that will prepare the is affidavit with the school district in attending school pursuant to Neb.
First/Last Name of Student(s)	Age	Date of Birth Mo/Day/Year	Resident Public School District In Which The Family Resides
Signed this day of	, 20		
State of Nebraska))ss	(S	ignature of Parent or Guardian)
County of)		
			(Address)
The foregoing statement was sign	ed in my presen		or Parent or Guardian)
upon oath or affirmation that the s	tatements conta	`	of Farcit of Guardian)
(Seal)			
			Signature Of Notary Public

Instructions: A separate copy of this affidavit must be signed by each parent or guardian of the student(s) herein named and filed with the school district in which the student resides. A parent claiming to be a single

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parent is representing that he or she alone is responsible for making the decisions concerning the educational placement of the student(s).