

NEBRASKA DEPARTMENT OF EDUCATION
EXEMPT SCHOOL PROGRAM OFFICE

STATEMENT OF ELECTION AND ASSURANCES

Parent, Legal Guardian, or Educational Decisionmaker Form

2025/26 School Year

Parent, Legal Guardian, or Educational Decisionmaker Information

First Name/Middle Initial		Last Name	
Address			
City		State	Zip Code
Mailing Address (if different from residential address)			
City		State	Zip Code
School District of Residence		County of Residence	
Email Address (optional) _____@_____._____		Phone Number (optional) (_____) _____-_____	

Select One

1. ☐ Initial (First) Year
2. ☐ Renewing from the 2024/25 School Year
3. ☐ Filed in the past, but not during the 2024/25 school year (last school year filed: _____)
4. ☐ Adding a child to the 2025/26 school year exempt school roster *(only applies if already filed/received exempt status for another child(ren) for the 2025/26 school year)*

Student(s) attending the exempt school (attach separate page if additional space is needed)

Student's First & Last Name	Age	Date of Birth
1.	_____	____/____/____
2.	_____	____/____/____
3.	_____	____/____/____
4.	_____	____/____/____
5.	_____	____/____/____
6.	_____	____/____/____

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Name & Address of the Exempt School

Exempt School Name		
Physical Address (if different from above)		
City	State	Zip Code

Statement of Election (select one)

- ☐ The requirements for approval and accreditation required by law and the rules and regulations adopted and promulgated by the State Board of Education violate my sincerely held religious beliefs.
- ☐ The requirements for approval and accreditation required by law and the rules and regulations adopted and promulgated by the State Board of Education interfere with my decisions in directing my child(ren)'s education; and I am aware that under this election exempt schools must comply with the immunization requirements in Section 79-217 of the Revised Statutes of Nebraska with exception as provided in Sections 79-221 and 79-222.

Designation of Parent Representative (select one)

- ☐ I will serve as my own Representative and fulfill the responsibilities of the Parent Representative.
- ☐ I will not serve as my own Representative. I hereby designate the following individual as the exempt school Parent Representative:

First Name/Middle Initial	Last Name
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I affirm that I am the parent, legal guardian, or educational decisionmaker for the student(s) listed herein, that I have authorized the parent representative listed above, and that the education for this student/these students complies with 79-1601 R.R.S., subsections (2) through (6) for the current school year.

Signed this _____ day of

_____, 20____

Signature of Parent, Legal Guardian, or Educational
Decisionmaker

Instructions: This form must be properly completed by a parent, legal guardian, or educational decisionmaker of the child(ren) named on this form and provided to the parent representative for filing with the Commissioner of Education.

Current as of 06/02/2025