

North Conejos School District Opt Out Form

CMAS/State Testing

Date _____

Child's Full Name _____

Child's Date of Birth _____

School Enrollment _____

TO WHOM IT MAY CONCERN:

As the parent or legal guardian of the below named student, I realize I have the fundamental and legal right to direct the upbringing and education of my child. After much consideration, I formally request my child:

_____ be opted-out and not be administered the CMAS/State Testing.

Opt out Requests should be made two weeks prior to the testing window start date. If this is not done, discretion is given to the Building Administrator. Students do not have the authority to Opt Out or fill this form out. It must be done by the legal guardian.

Please address the following:

Please describe why you have chosen to opt out of the Spring PARCC.

Why do you feel this harms the education of your student?

How may we assess the academic growth of your student?

It is a goal of the North Conejos District to help every student succeed. What can we do better?

Legal Guardian

Date