



Parent/Guardian Opt Out Form for Student Participation in Statewide Assessment

Date: _____ (This form is **only** applicable for the 2021-22 school year.)

Student's First Name _____

Student's Middle Initial _____

Student's Last Name _____

Student's Date of Birth ___ / ___ / ___

Student's Advisor _____

Student's Grade _____

I understand by signing this form, my child will be Opted Out of taking Statewide Assessments for the 2020 to 2021 school year. These assessments include and are not limited to the MCA/MTAS in Reading, Math and Science.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____