

Test Refusal Form

Student Name: _____ Grade: _____

School: _____

I do not want my child to participate in the following state or district tests:

Name of test

_____	Grades: _____
_____	Grades: _____
_____	Grades: _____
_____	Grades: _____
_____	Grades: _____
_____	Grades: _____
_____	Grades: _____
_____	Grades: _____

My reason for excluding my child from these tests is:

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____

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