



CENTRAL ADMINISTRATION

600 Route 55, P.O. Box 249, Eldred, New York 12732 · Phone 845.456.1100 · Fax 845.557.3672 · www.eldred.k12.ny.us

NYS Grades 3-8 Assessments REFUSAL FORM

The Eldred Central School District Board of Education believes in the right of the parents/guardians to make educational decisions regarding their child's education.

By completing and signing this form, you are advising the District that you are **refusing** a specific assessment or assessments for your child. Please send this completed form **to your child's Principal as soon as possible, but no later than April 11, 2018 first day of testing.**

Student Name: _____ Grade: _____ School: GRM___ JSHS _____

ASSESSMENT	CHECK HERE TO REFUSE
ELA	
MATHEMATICS	
SCIENCE (Gr. 4 & 8 Only)	

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Please return this completed form to your child's Principal as soon as possible, but no later than the first day of testing for the indicated assessment.