



## Parent/Guardian Refusal for Student Participation in ACT Assessment

The purpose of the ACT test is to measure a high school student's readiness for college and provide colleges with one common data point that can be used to compare all applicants. College admissions officers will review standardized test scores alongside your high school GPA, the classes you took in high school, letters of recommendation from teachers or mentors, extracurricular activities, admissions interviews, and personal essays. How important ACT scores are in the college application process varies from school to school. Overall, the higher you score on the ACT and/or SAT, the more options for attending and paying for college will be available to you.

Each year, all 11th-grade students in Mankato Area Public Schools take the ACT test. [MN Statutes 120B.30](#)

**To opt out of the ACT assessment, this form must be completed by the parent/guardian. Return form to: Mankato Area Public Schools Assessment Office, 10 Civic Center Plaza Suite 3, Mankato, MN 56001.**

*To best support district planning, please submit this form to the address above no later than **2 weeks before testing day.***

Date \_\_\_\_\_

Student's Legal First Name \_\_\_\_\_ Student's Legal Middle Initial \_\_\_\_\_

Student's Legal Last Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Student's School \_\_\_\_\_ Grade \_\_\_\_\_

**Please initial below to indicate you have received information about ACT testing.**

\_\_\_\_\_ I received information on ACT assessments and choose to opt my child out of testing.

**Reason for Refusal** – Enter your response below

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**I understand that by signing this form, my student will lose one opportunity to receive a qualifying score that could potentially save him/her time and money by not having to take remedial, non-credit courses at a Minnesota State College or University. My school and I may lose valuable information about how well my student is progressing academically.**

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Student MARSS Number (to be completed by district staff only). \_\_\_\_\_