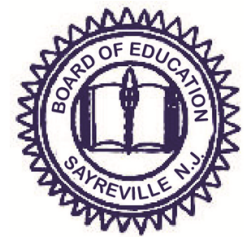




# Sayreville Public Schools

## Vision 2030

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**Dr. Richard R. Labbe, Superintendent of Schools**  
**Mr. David Knaster, Assistant Superintendent**

**Mr. Eric Glock-Molloy, Assistant Superintendent**  
**Ms. Erin Hill, Business Administrator/Board Secretary**

The New Jersey Department of Education, pursuant to state law and regulations, requires all students to take state assessments as scheduled. The Sayreville Board of Education must therefore require all students to take statewide assessments and cannot grant permission to a parent to opt-out of required statewide testing. In the case that a parent/guardian is refusing their child's participation in statewide testing, the form below must be completed and submitted to the principal at least 10 days in advance of the start of testing. Attendance in school on testing days is required. A copy of this refusal will be kept in the student's academic folder.

Student First and Last Name:
Parent/Guardian First and Last Name:
Student ID Number:
Student Grade Level:
School Name:

I am requesting that my child not participate in the following New Jersey Student Learning Assessments, which occur in the Sayreville Public Schools Testing Program during the **2024-2025** school year (check all that apply):

NJSLA Language Arts Literacy	NJSLA Math	NJSLA Science
<input type="checkbox"/> English Language Arts Grade 3	<input type="checkbox"/> Mathematics Grade 3	<input type="checkbox"/> Science Grade 5
<input type="checkbox"/> English Language Arts Grade 4	<input type="checkbox"/> Mathematics Grade 4	<input type="checkbox"/> Science Grade 8
<input type="checkbox"/> English Language Arts Grade 5	<input type="checkbox"/> Mathematics Grade 5	<input type="checkbox"/> Science Grade 11
<input type="checkbox"/> English Language Arts Grade 6	<input type="checkbox"/> Mathematics Grade 6	
<input type="checkbox"/> English Language Arts Grade 7	<input type="checkbox"/> Mathematics Grade 7	
<input type="checkbox"/> English Language Arts Grade 8	<input type="checkbox"/> Mathematics Grade 8	
<input type="checkbox"/> English Language Arts Grade 9	<input type="checkbox"/> Mathematics Grade 9	

**Please initial all items below, sign and date this letter. Submit to principal at least 10 days prior to the start of testing.**

**I take full responsibility and understand that my decision to refuse my child to test may:**

\_\_\_\_ Limit my student's ability to be identified for supplemental educational services that may include remedial or enrichment services including TAG

\_\_\_\_ Limit my student's ability to meet district criteria for advanced courses such as AP and Honors

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