

NONPARTICIPATION IN STATE ASSESSMENT PROGRAMS FORM
(FOR STUDENTS UNDER THE AGE OF 18)

To the Director:

I request that my child, pursuant to Board Policy Nonparticipation in Selected Instruction and State Assessment Programs, be excused from the State Assessment Programs as that program conflicts with my or my child's religious beliefs.

Student's name (print) _____ Date of Birth _____

Parent/Guardian signature _____ (for students under the age of eighteen)

Date _____