

# Refusal Form

## Grades 3-8 NYS Assessments

Student Last Name (please print): \_\_\_\_\_

Student First Name (please print): \_\_\_\_\_

Student Grade: (circle one)    3       4       5       6       7       8

I am opting my child out of the following NYS Assessments:  
(check all that apply)

- Grade 3-8 ELA Assessment**
- Grade 3-8 Math Assessment**
- Grade 4 or 8 Science Assessment**

School: (circle one)

**Berea**  
**East Coldenham**  
**Montgomery**  
**Walden**  
**Middle School**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date