

ZUMBROTA MAZEPPA SCHOOLS
District and State Standardized Testing Opt-Out Form

As the parent of _____ (child's full name), I request that my child be exempt from the following district and/or state standardized tests for the current school year:

_____ STAR Reading and Math

_____ Optional Local Purpose Assessment (OLPA)

_____ ACCESS for ELL's

_____ Minnesota Comprehensive Assessment (MCA) or Minnesota Test of Academic Skills (MTAS)

_____ Reading

_____ Math

_____ Science

I understand that my child's school will keep this request on file for the duration of the current school year and that this form must be completed on an annual basis should I continue to want my child to be exempt from testing beyond the current school year.

Child's Name _____

Grade Level _____

Parent's Name _____

Parent's Signature _____

Date _____

School Name _____

School Year _____

For Office Use Only

Received by _____

Date _____