Parent/Guardian Refusal for Student Participation in

District CogAT Testing

Date: _____ (2023-2024)

Student First Name: _____

Student Last Name: _____

Student Date of Birth: _____

Student School: _____

Reason for refusal:

Parent Guardian Name (print)_____

Parent Guardian Signature _____

Return this form by mail or in person to Joy Peterson, Assistant Principal, by October 23rd.

9900 Park Crossing Woodbury, MN 55125
651-425-7523
Email: Joy Peterson- jpeters4@sowashco.org