## Parent Request for Exemption from State/Federal Assessments Huerfano School District Re-1

Please complete this form and return to the building admi	nistrators. This form i	s valid for the designated school year only.
I request that my child,		be exempt from taking the following required
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*Please indicate the assessments below with an <b>x</b> to opt	your child out from pa	articipation.
Assessments in the following content areas:		
Peakview Gardner Valley	Walse	nburg Jr. Sr. High School
CMAS: English Language Arts - (3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> )	CMAS: Eng	lish Language Arts - (7 <sup>th</sup> , 8 <sup>th</sup> )
CMAS: Math - (3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> )	CMAS: Mati	h - (7 <sup>th</sup> , 8 <sup>th</sup> )
CMAS: Science - (5 <sup>th</sup> , 8 <sup>th</sup> )	CMAS: Soc	ial Studies - (4 <sup>th</sup> , 7 <sup>th</sup> )
CMAS: Social Studies - (4 <sup>th</sup> , 7 <sup>th</sup> )	CMAS: Scie	ence - (8 <sup>th</sup> , 11 <sup>th</sup> )
CMAS: CoAlt	PSAT: - (9 <sup>th</sup> ,	10 <sup>th</sup> )
ACCESS: WIDA (ELL)	SAT: - (11 <sup>th</sup>	grade)
	CMAS: CoA	ult
	ACCESS: \	NIDA (ELL)
I am requesting an exemption for my child because:		
Please initial the box below		
I acknowledge that the school district or build student for state assessment participation or participation. I do understand that the state assessments will provide me with information concertested as well as my child's progress toward college as	encouraged me to "o prefers a 95% parti ning my child's aca	pt out" my student from state assessment icipation rate for testing and that the demic progress and growth in the areas
Print Name		Date
Signature		