

HOLMSTEAD SCHOOL

PARCC Opt-In/Opt-Out Form

Due: **Wednesday, 3/29/17**

Check One:

_____ I am requiring my student to sit for the 2016/17 PARCC tests.

_____ I am not requiring my student to sit for the 2016/17 PARCC tests.

***Required**

Student First Name *

Student Last Name *

Parent or Guardian Name (Print Clearly) *

Parent or Guardian Signature *

I attest that I am the parent/guardian of this student.

Parent or Guardian Signature