

To: Mrs. Vota  
Stratford School Principal  
Garden City School District

**Re: 2017 NYS Test Refusal**

This is to inform you that

\_\_\_\_\_ My child will **not** participate in the NYS English Language Arts Assessment

\_\_\_\_\_ My child will **not** participate in the NYS Mathematics Assessment

\_\_\_\_\_ My child will **not** participate in any field test assessments

My child will be prepared with reading material to read along with the other children who have refused, during the test administration sessions.

Because my child is to be coded as a "refusal," he/she will not be administered a make-up test of any of the above indicated assessments.

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_