**Kansas Assessment Program Parent “Opt-Out” Form 2021-22**

*This form can be used in lieu of a parent/guardian letter. Please clearly print the following information and return to your school’s principal.*

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Grade Level \_\_\_\_\_\_

As the parent/guardian of the above-named student, I refuse my child’s participation in:

\_\_\_\_\_\_ Kansas Assessment Program (KAP) Test Grades 3-8, 10th, & 11th

(Please Initial)

OR

\_\_\_\_\_\_ Math Kansas Assessment Program (KAP) Test Grades 3-8, 10th

(Please Initial)

\_\_\_\_\_\_ ELA Kansas Assessment Program (KAP) Test Grades 3-8, 10th

(Please Initial)

\_\_\_\_\_\_ Science Kansas Assessment Program (KAP) Test Grades 5th, 8th, & 11th

(Please Initial)

My reason for this decision is (parent/guardian may attach additional items to this document):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_ I acknowledge the information listed below:

(Please Initial)

* State assessments are mandatory for students enrolled in Kansas public schools.
* Any student who does not participate in state-mandated assessments at the request of their parent/guardian will not be subject to negative consequences or disciplinary action.

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Campus Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_