WRIGHTSTOWN COMMUNITY SCHOOLS

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State Assessment Parent/Guardian Opt-Out Form

School Year: 2023-2024

To opt your child(ren) out of the Wisconsin Student Assessment System (WSAS), please complete this form and submit it to your child's principal. The form must be submitted each school year; opt-out requests will not carry over from year to year. If you have questions about a particular assessment, please contact the District Assessment Coordinator, Ashley Post for more information at 920-532-4818 ext 2105.

Student Name(s): ______ Student Grade Level(s):_____

Parent/Guardian Name(s):		
Parent/Guardian Signature(s): _	Date: _	
I request that my child be excuse year (check all that apply):	ed from taking the following Wisconsin State Asse	ssments during the 2023-2024 school
Wisconsin Forward Exam (adr	ministered in grades 3, 4, 5, 6, 7, 8,10)	
☐ PRE-ACT (administered in grad	des 9 and 10)	
☐ ACT plus Writing (administere	ed in grade 11)	
,	1) (administered to students following alternate e 11 in English Language Arts, Math in grades 3, 4, des 4, 8, 10.)	
☐ ACCESS testing (K-12 for Engli	sh Learners)	
grant WSAS opt-out requests for	System (WSAS) Opt-Out [Note: According to Wis. children in grades 4, 8, 9, 10, and 11. However, if the decision to grant the request is at the discretic	the student is not in the
Principal Name:	Principal Signature:	Date:
DAC Namo:	DAC Signatura	Date