



Mount Sinai Union Free School District

118 North Country Road
Mount Sinai, New York 11766
(631)870-2550
(631) 473-0905 (Fax)

Maureen Poerio
District Clerk/Executive Assistant

Gordon Brosdal
Superintendent of Schools

Lynne Kirchenko
District Treasurer

NYS Assessment Refusal Form

I, (please print name of parent/guardian) _____,

am indicating to school administration that my child/ren, (print name, teacher and grade)

Name _____ Teacher _____ Grade _____

Name _____ Teacher _____ Grade _____

is refusing to participate in the administration of the following New York State Assessments
(check all that apply):

Grade 3

ELA _____
Mathematics _____
Field Test _____

Grade 4

ELA _____
Mathematics _____
Science _____
Field Test _____

I understand that if my child is in school during the testing days, he/she will be brought to an alternate location for the duration of the testing period. No alternate assignment will be provided; students should bring a book to read during that time.

Please return form to Main office by March 10, 2017.

Parent/Guardian Signature _____ Date _____

Edward Law, Vice President
Kerri Anderson, Trustee
Lynn Jordan, Trustee

Board of Education
Lynn Capobianco, President

Michael Riggio, Trustee
Robert Sweeney, Trustee
Peter Van Middlelem, Trustee