



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, _____, am indicating to school administration that my
(print parent/guardian name)

son/daughter, _____, Grade _____
(print child's name)

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

English Language Arts _____ Math _____ Science (Grade 8 only) _____

I understand that if my child is in school during any of 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.

Parent/Guardian Signature _____ Date _____

*Please return the signed form to the Middle School Main Office by Friday, March 10, 2017. If you have multiple children attending the Middle School, a separate form is required for each student. Thank you.

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

Board of Education
Lynn Capobianco, President

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