



# DELSEA REGIONAL HIGH SCHOOL DISTRICT

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Dr. Piera Gravenor, *Superintendent* • Dr. Melissa Williams, *Assistant Superintendent* • Joseph Collins, *Business Administrator*  
Dr. Anner Thompson, *Director of Special Services/CST* • Paul Berardelli, *HS Principal* • Jill Bryfogle, *MS Principal*

## 2017 Delsea High School PARCC Testing Refusal Form

I understand that students in the classes of 2017, 2018, 2019 and 2020 must demonstrate proficiency in English Language Arts (ELA) and Mathematics on a state approved assessment before graduating high school. This year, this testing requirement for graduation can be met by passing the State assessment (PARCC), meeting the 'cut score' on a substitute assessment, or by meeting the criteria for the New Jersey Department of Education (NJDOE) portfolio appeal process in 12<sup>th</sup> grade. **I am aware students in the class of 2020 must first attempt to pass the state test in grades 9, 10, and 11 before being allowed to substitute another assessment or portfolio.** I also understand if my student *does not* demonstrate proficiency in any area by senior year they will be enrolled in an enrichment course to build their graduation portfolio which, when completed, is sent to the state for review. By refusing the state assessment, I understand that I am removing an opportunity for my student to demonstrate proficiency in ELA and/or Math. I am also acknowledging that my student could potentially not meet the requirements necessary for graduation from high school.

After reading the above statements I have decided to refuse having my student take the state assessment **against the recommendation of the Delsea Regional School District.** This form is valid for the 2017 PARCC test administration only.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

This form **must** be returned by the deadline below in order for your student to be removed from the testing room. Non-testing students are still expected to be in school and will be given alternate classwork assignments.

**High School:** Return to Mr. Berardelli by **March 31<sup>st</sup>**

**Student Signature:** \_\_\_\_\_

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

**Parent Phone Number:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

*\*An administrator may call/email you to confirm receipt of this decision.*