



**PARENT OPT-OUT FORM
ACT EXAM
APRIL 3, 2018**

Student Name

I understand that Stillwater Area High School will be offering the ACT test, at no charge, to juniors at the high school on 4/3/18, to meet the class of 2019 State of Minnesota graduation requirement. I have chosen not to have my student take this test.

Parent/Guardian Signature

Date

PHONE CONSENT

I verify that I have spoken to the parent/guardian by telephone. My signature below testifies that the parent listed below has opted not to have their student take the ACT exam on April 3, 2018, at Stillwater Area High School.

Counselor Signature

Date

Parent Name