



**PARENT OPT-OUT FORM
ACT EXAM
April 2, 2019**

Student Name

I understand that Stillwater Area High School will be offering the ACT test free to juniors at the high school on April 2, 2019, to meet the State of Minnesota graduation requirement, and I have chosen not to have my student take this test. I choose to have my student participate in the alternate school activities in lieu of the 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 2, 2019, at Stillwater Area High School.

Counselor Signature

Date: _____

Parent Name