



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*

2018 Delsea Middle School PARCC Refusal Form

I understand the students in the class of 2021 and beyond must demonstrate proficiency in English Language Arts (ELA) and Mathematics on a state approved assessment before graduating from high school. This testing requirement for graduation must be met by **taking and passing** the PARCC Algebra I and PARCC English 10 assessments. The English assessment will be given in the spring of sophomore year. The Algebra assessment will be given the year the student takes Algebra I, which for some children, may be during the middle school years. For students in the class of 2021 and thereafter, no other assessments will be accepted as a substitute for PARCC.

In addition, I am aware if my student *does not* meet expectations in either math or ELA by 12th grade, he or she will be required to create a portfolio in class which must be approved by the New Jersey Department of Education in order to graduate. The portfolio appeal process will only be used by students who have attempted all of the PARCC tests first. In other words, **students who refuse testing will not be permitted to use a portfolio as a means for graduation.** I am acknowledging this refusal could negatively impact my student with regards to meeting the criteria necessary for graduation from high school and may have unintended consequences, such as jeopardizing acceptance to alternate high schools (ie. GCIT).

After reading the above statements, I have decided to refuse:

Student Name: _____ Grade: _____ from taking the PARCC assessment **against the recommendation of Delsea Regional School District.** This form is valid for the 2018 PARCC test administration only. Please return this form by the deadline below in order for your student to be removed from the testing room, and to allow the school to properly prepare. Non-testing students are expected to be in school and will be given alternate assignments during the testing sessions. ***Please return this form by April 20th***

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Parent Phone Number: _____

Parent Email Address: _____

**A staff member may call/email to confirm receipt of the refusal form.*

This notice is based upon the information provided to the district from the NJDOE as of March 2018. We will attempt to keep parents informed of any changes from the state that may impact parental decisions.