



CECDC PARENT OPT-OUT FORM FOR STATE TESTING

Must be hand delivered to the front desk or scanned and emailed to keshia.medellin@coloradoearlycolleges.org at CECCR by a parent or guardian by April 6th.

DATE: _____

STUDENT NAME: _____

Grade (circle): 9 10 11

Home Campus (circle): Parker Castle Rock Inverness

TEST(S) OPTING OUT (circle): CMAS PSAT9 PSAT 10 SAT

PARENT SIGNATURE: _____

OFFICE USE ONLY

DATE: _____

Received by: _____