

MERRIMACK SCHOOL DISTRICT
School Administrative Unit #26
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New Hampshire Statewide Assessments Parent Opt-Out Form

New Hampshire's [RSA 193-C:6](#) permits parents to exempt their public school student from participating in the required statewide assessments (English language arts mathematics, and/or science) by submitting this completed form to the school their student attends. The school district shall provide an appropriate alternative educational activity for the time period during which the assessment is administered. The alternative activity shall be agreed upon by the school district and the parent or legal guardian of the student.

To exempt a student from participating in state-required standardized assessments, the parent/legal guardian must complete and submit this form to the student's school. A parent's advance notice will assist school administration in the planning of test administration. This form is maintained at the school and does not need to be sent to the New Hampshire Department of Education but must be made available during assessment monitoring.

Please note: A new form is required each year a parent/legal guardian wishes to exempt their student from statewide assessments. **This form is applicable for the 2024- 2025 school year.**

Student's First Name:		Grade:
Student's Last Name:		
School Name:		
Student's SASID:	(to be completed by the school)	

Statewide assessments include:

New Hampshire Statewide Assessment System (NH SAS): ELA/Math Grades 3-8, Science Grades 5, 8, 11

Digital SAT School Day with Essay: ELA/Math Grade 11

Dynamic Learning Maps (DLM) Alternate Assessment: ELA/Math Grades 3-8 & 11, Science Grades 5, 8, 11

Please indicate on the line below the statewide assessment(s) your student is being exempt from this school year:

Please review the following statements, sign, and date the form below. This completed form must be submitted, preferably through email, to your student's Principal.

1. I understand that by signing this form, I am exempting my student from the statewide assessment(s) indicated above.

2. The following **alternative activity** has been agreed upon by the school district and the parent/legal guardian of the student: (Please complete in collaboration with the Building Principal)

3. I, the undersigned, acknowledge that my student will not receive an individual score or summary of academic performance, based on the statewide assessment, as a result of my decision to exempt my student.

Parent/Legal Guardian _____ Date: _____
(signature)

Principal/Administrator _____ Date: _____
(signature)

Updated: October 1, 2024