



# TETON SCHOOL DISTRICT 401

PO BOX 775 • 445 North Main Street • Driggs, ID 83422  
208-228-5923 208.354.2250 fax <http://tsd401.org>

## Assumption of Responsibility and Indemnity Agreement

### SBAC-ISAT Parent opt-out form

As parent / legal guardian, I hereby request that my student identified at the bottom of this form not be rescheduled to take the tests indicated below. My signature on this request indicates that I acknowledge and assume sole responsibility for the following outcomes:

- This request indicates my refusal for my child to participate in the state and district assessment programs as required under IDAPA rule 111.04 and Teton School District 401 Policy 2700 respectively.
- I understand that this request will have a negative impact the school district’s ability to provide certain educational services to my child including appropriate interventions and supports and identification for gifted and talented programs.
- I understand that completing all SBAC-ISAT tests and a college entrance examination at specific grade levels is a requirement for graduation. Refusing to participate in testing in tenth and eleventh grades will impact my student’s eligibility to graduate from a public high school in Idaho.
- The school may receive punitive measures from the state due to lack of participation in required testing including identification as a school in need of improvement and possible loss of federal funding.

Please indicate the specific assessments to not reschedule your student to take:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Child’s full legal name

\_\_\_\_\_  
Student number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Parent or guardian’s full legal name (please print)

\_\_\_\_\_  
Parent or guardian’s signature