

Cato- Meridian Central School

Parent Request of Notification for Refusal of Testing Accommodations

Student Name: _____

Parent Name: _____

_____ I **do** want to be notified if my son/daughter refuses to utilize his/her Testing Accommodations.

Contact Information

Day time telephone:

#1: _____

#2: _____

#3: _____

Email Contact:

_____ I **do not** want to be notified if my son/daughter refuses to utilize his/her Testing Accommodations.

Parent Signature

Date

