

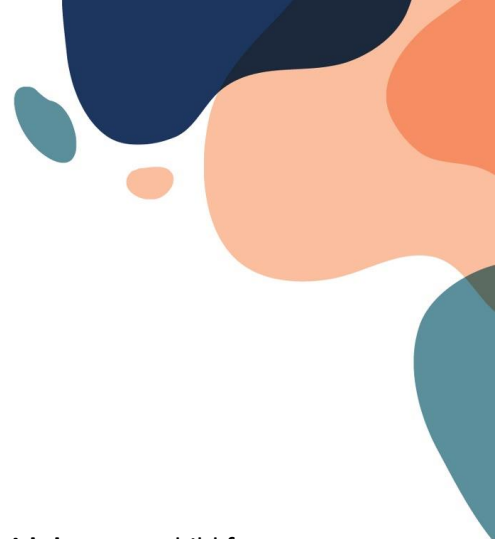


Evelyn
Scott
School

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Parent choice to withdraw from NAPLAN

I/We have received the information supplied by our child's school.

After reading the information and in consultation with the school I/we choose **to withdraw** our child from participating in NAPLAN.

I/ We **do** want my/our child to be **WITHDRAWN** from **all** NAPLAN tests.

OR

I/ We **wish** my/our child **participate in** the following NAPLAN tests

(Tick the box of the test/s you want your child to participate in)

Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>
Conventions of Language	<input type="checkbox"/>	Numeracy	<input type="checkbox"/>

I/we understand that our child:

- **will** automatically be **counted as withdrawn** for the purposes of reporting nationally
- **will not** be included in system data
- **will not** be included in school data
- **will not** receive an individual student report if withdrawn from all tests.

Student Details:

Name:

Student ID:

Year Level:

School:

Signature Parent/Carer _____ / _____ /2022

Signature of Principal _____ / _____ /2022

SCHOOL TO SCAN and EMAIL to: NAPOnline@act.gov.au

