

Parent Address [REDACTED]

Katy ISD
Campus Name: [REDACTED]
Attn: Campus Principal: [REDACTED]
Campus Address: [REDACTED]

TEST REFUSAL & STUDENT PRIVACY PROTECTION FORM

Dear Campus Principal,

Herein, please find a Test Refusal & Student Privacy Protection Form, on behalf of my child, Katy ISD student, [REDACTED] who is a [REDACTED] grade student at [REDACTED] Campus.

This advisement is also being provided to the District Superintendent and the Associate Superintendent, Administration, Governance and Legal Affairs.

If you have questions pertaining to this notification, please inquire in writing to the return address listed at the top right corner of this letter.

Your professionalism in ensuring that this request is properly executed is most appreciated.

Sincerely,
Name: [REDACTED]
KISD Parent or Guardian

TEST REFUSAL & STUDENT PRIVACY PROTECTION FORM

PLEASE TAKE NOTICE that in accordance with the fundamental constitutional rights of parents and legal guardians to determine and direct the care, teaching and education of their children, and the relevant state and federal statutes, I hereby refuse on behalf of my child: [REDACTED] the following check marked activities for the school year 2018-2019.

- Any and all standardized testing or activities required by law, administrative rule or other edict or mandate under which individual student data are collected and/or shared with the federal government or other entities outside of the local school district;
- Any and all tests, assessments, or surveys not limited solely to proficiency in core academic subjects;
- Any and all activities, assignments, surveys or assessments that concern the attitudes, beliefs, including religious or political beliefs, or value systems of individual students;
- Any survey, analysis, or evaluation that reveals information concerning my child, myself or other members of my family related to: (1) political affiliations or beliefs of the student or the student's parent; (2) mental or psychological problems of the student or the student's family; (3) sex behavior or attitudes; (4) illegal, anti-social, self-incriminating, or

demeaning behavior; (5) critical appraisals of other individuals with whom respondents have close family relationships; (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; (7) religious practices, affiliations, or beliefs of the student or student's parent; or (8) income;

- The sharing with any party outside of the local school district of my child's directory information, including, but not limited to: name, address, telephone listing, e-mail address, photograph, date and place of birth, major field of study, grade level, enrollment status, dates of attendance, participation in officially recognized activities and sports, weight, height, athletic teams, degrees, honors, awards, and most recent educational agency or institution attended;
- The use of technology hardware or software applications, including but not limited to the purposes of daily classroom assignments, tests and assessments;
- The sharing with any party outside of the local school district of my child's student ID number, social security number, or other unique identifying number. Any computer or online based educational services activities or assessments through which individual student data or metadata is stored in a manner inconsistent with industry requirements and best practices or is shared with the any party outside the local school district.

Katy ISD, its employees, police department, agencies, agents and/or anyone acting in any capacity as a named school official are explicitly prohibited from accessing my child's personal device for any reason whatsoever, without my prior written consent.

Further, please note that my child is not to participate in nor receive any services, inquiries, evaluations or other activities administered by or on behalf of the Katy ISD Counseling, Psychological Services, Interventions, Assessment Accountability & Research or the Health Services Departments, without my prior written consent. This includes, but is not limited to mental health evaluations, assessments or services.

This executed form supersedes all prior test refusal, opt-out, and privacy forms.

I.D. Number: _____ **Grade:** _____

Date: _____

Parent/Guardian's Name(s): _____

Signature: _____

Daytime/Evening Phone Number(s) _____

E-Mail address _____

Received by (name) _____

Signature _____

Date received _____