

National Assessment Program - Literacy and Numeracy (NAPLAN) 2010

PARENT/CAREGIVER WITHDRAWAL FORM

Public Schools Fax 9264 4045	Catholic Schools Fax: 6380 5325	Independent Schools Fax 9244 2786
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STUDENT SURNAME:

STUDENT GIVEN NAME:

DATE OF BIRTH: / /

YEAR LEVEL:

SCHOOL NAME:

SCHOOL PHONE NO.

Please complete

I/We wish to withdraw _____ (name of student) from the National Assessment Program Literacy and Numeracy (NAPLAN) tests in: (Write Y/N)

- Numeracy
- Reading
- Language Conventions
- Writing

Reason: _____

I/We understand that _____ will not be eligible for any funding that may be available for students whose performance is below the national minimum standard.

Signatures

Parent/Caregiver

Principal

THIS FROM MUST BE REGISTERED BY Tuesday, 4 MAY 2010

Office use only
This application has been noted.

Signed _____ Dated _____