

Student Information:

Name:

Nathan Conrad, Principal Jan Wisecarver, Jr., Assistant Principal Amy Moore, Guidance 9-10 Noah Kelley, Guidance 11-12

Junior ACT Opt-Out Form Date of ACT Testing: March 11, 2025

Grade Level: 11
Student ID:
School: BCHS
Date:
Acknowledgement and Consent:
By signing this form, I, the undersigned, acknowledge that I am aware that my child is eligible to take the state-
funded ACT test on March 11th, 2025. I understand that by opting out, my child will not participate in the ACT
testing on that date, and no alternative testing arrangement will be provided.
I understand that the ACT is used for purposes including college admissions, and scholarship opportunities. Opting out means my child will miss the opportunity to take this test without incurring any cost. Students can register through ACT.org if they decide to take the ACT at a later date. Students opting out of the ACT are required to attend school on March 11 th , 2025.
Student Acknowledgement:
I understand the implications of opting out of the state-funded ACT test.
Student Signature: Date:
Parent/Guardian Acknowledgement:
I acknowledge that I have discussed this decision with my child and agree to their choice to opt out of the ACT.
Parent/Guardian Signature: Date:
Submission Deadline: This form must be submitted to the high school office by March 1 st .
If you have any questions or need further assistance, please contact Mr. Kelley, ACT Coordinator, at Noah.Kelley@BloomCarroll.org



