

Elementary Enrichment Program Testing Permission Slip

My child _____ has permission to be tested
(please print student name)

for the Elementary Enrichment Program beginning February 24, 2025 during the regular school day at my child's home school.

Parent Name: _____

Parent Signature: _____

Parent Home Phone #: _____

Parent Cell Phone #: _____

Home Address: _____

Current School: _____

Current Grade: _____

Please return the completed permission slip to:

Attn: Assessment Office
Niagara Falls Board of Education
630 – 66th Street
Niagara Falls, NY 14304

OR

Return to your child's school office

NO LATER THAN Friday, February 7, 2025