



Flossmoor School District 161
21st Century Learners Today, Leaders Tomorrow

41 E. Elmwood Drive
Chicago Heights, IL 60411
708.647.7000
www.sd161.org

SHIELD and BinaxNOW Program Opt-Out Form
[to be completed by Parent/Guardian]

Student Name: _____

Student Address: _____

Grade Level / Homeroom Teacher Name: _____

Date of Birth: _____

Parent / Guardian Name: _____

Parent / Guardian Home Address: _____

Parent / Guardian Telephone Number: _____

Parent / Guardian Email Address: _____

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.

Please check all that apply:

- I do not consent** for my child to participate in the SHIELD Illinois testing program.
- I do not consent** for my child to participate in the BinaxNOW testing program.

Signature of Parent/Guardian: _____ Date: _____

[only original signatures accepted]

For office use only:

Accepted by: _____ on _____

Entered in Skyward by: _____ on _____

Notes: _____
