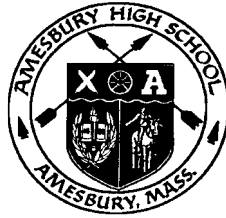


N. ROY HAMOND
PRINCIPAL



Elizabeth McAndrews
DEAN OF STUDENTS/CURRICULUM

Glen Gearin
DEAN OF STUDENTS/ ACTIVITIES

5 Highland Street
Amesbury, MA 01913
Telephone: (978) 388-4800
Fax (978) 388-3393

By signing below, I promise that:

I have not already seen the student test booklet that I will receive;

all the work in my answer booklet will be my own; I will not copy anyone else's work; I will not let anyone answer questions for me;

I will not use any materials, such as a cell phone or other electronic device, that I am not allowed to have during testing; and

I will not discuss or share information with anyone about the questions until MCAS testing ends in my school.

If I have any questions about these statements, I will talk with my teacher or principal.

I make the promises above and know that there may be consequences for breaking my promises or the test administration rules.

I have read these statements and understand them.

Student's Printed
Name _____

Student's Signature _____

Date _____