





Directions to Student:			
 Type or print information Submit application w 	ation. ith copies of qualifying score(s)	to your Seal of Biliteracy	contact at your school.
Name:		Date:	
I.D.#	Current Grade Level:	Expected Yr. of Graduation:	
High School:			
Email:			
School Administrator's	Name:		
Parent/Guardian's Name	2:		
Parent/Guardian's Conta	act Information:		
Attach a copy of your	score report for the assessment	t(s) indicated below:	
Language	Name of Assessment	Date Completed	Score
O Earned a passing score	EAL OF BILITERACY CONTA on the English PARCC or bridge pred proficiency level from an appro	roject.	ent is attached.

FOR LEA SEAL OF BILITERACY CONTACT ONLY

O Seal of Biliteracy awarded. O Seal of Biliteracy not awarded. Reason:

Signature______Date____

Signature ______Date____

August 2018

c: student file, guidance office