The New York State Seal of Biliteracy Application

The New York State Seal of Biliteracy is a formal recognition of High School Graduates who have studied and attained a high level of proficiency in listening, speaking, reading, and writing in one or more languages, in addition to English.

Student Name:__________________________________  Student ID:__________________

Guidance Counselor:______________________________  Native Language:______________

Languages to be considered for recognition:
  1. ____________________________________________
  2. ____________________________________________

Date of entry in High School: ______________  Expected Graduation Date:__________

Date of application:___________________________

__________________________________________  ______________________________
Student Signature                          Parent/Guardian Signature

For Office Use Only:

<table>
<thead>
<tr>
<th>English Regents Score:</th>
<th>NYSESLAT Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 11 Average ELA Grade:</td>
<td>Speaking: ______</td>
</tr>
<tr>
<td>Grade 12 Average ELA Grade:</td>
<td>Reading: _______</td>
</tr>
<tr>
<td>AP English Language Score:</td>
<td>Listening: _____</td>
</tr>
<tr>
<td>AP English Literature Score:</td>
<td>Writing: _______</td>
</tr>
</tbody>
</table>

Foreign country transcripts Reviewed by: ____________________________

Average Grade: ___________

Checkpoint C Course/Grade: ___________  ___________

Title of the Project: _____________________________

Meets criteria for speaking, listening, reading, and writing for English: Yes _____ No _____

Meets criteria for speaking, listening, reading, and writing for World Language: Yes____ No _____

Date Seal of Biliteracy Awarded: ____________  Advisor’s Signature: __________________ Date: ____________

Counselor’s Signature: ______________________ Date: ____________