



THE MARYLAND SEAL OF BILITERACY STUDENT APPLICATION

**Directions to Applicants:**

1. Complete application with contact information and language you wish to test in.
2. Submit application to the Seal of Biliteracy Contact at your school counselor as soon as possible so that we can find an appropriate language test.

Name:

Date:

I.D.#

Current Grade Level:

Expected Yr. of Graduation:

High School:

Gender:

Current World Language Class/Level:

Heritage Speaker? Yes/No

Native Speaker? Yes/No

In which language do you wish to test?

Will you also AP WL Test in May? Yes/No

Email:

Phone:

Parent/Guardian's Name: _____

FOR HIGH SCHOOL COUNSELOR (verify and send to Britta Sparks)

 Verify Student is on track for graduation.

Signature _____ Date _____

FOR LEA SEAL OF BILITERACY CONTACT ONLY (Britta Sparks)

Language	Name of Assessment	Date Completed	Score

 Verify Student has met English proficiency graduation requirements. Met: _____

 Score report with required proficiency level form an approved WL assessment attached. Score: _____

 Seal of Biliteracy awarded.

 Seal of Biliteracy not awarded.

Reason:

Signature _____ Date _____