

THE MARYLAND SEAL OF BILITERACY **STUDENT APPLICATION**



Directions to Student: **BEFORE COMPLETING THIS APPLICATION, PLEASE VERIFY THAT IT IS REQUIRED BY YOUR SCHOOL SYSTEM.**

1. Type or print information.

2. Submit application with copies of qualifying score(s) to your Seal of Biliteracy contact at your school.

Name:

I.D.#

Current Grade Level:

Expected Yr. of Graduation:

Date:

High School:

Email:

Name of School's Seal of Biliteracy Contact:

Parent/Guardian's Name:

Parent/Guardian's Contact Information:

Attach a copy of your score report for the assessment(s) indicated below:

Language	Name of Assessment	Date Completed	Score

FOR HIGH SCHOOL SEAL OF BILITERACY CONTACT ONLY

O Passed MD High School Assessment in English.

O Score report with required proficiency level from an approved world language assessment is attached.

Signature _____ Date School School District

FOR LEA SEAL OF BILITERACY CONTACT ONLY

O Seal of Biliteracy awarded.

O Seal of Biliteracy not awarded. Reason:

Signature Date