

Barbara P. Clinton
Principal

Owen Kelso
Assistant Principal

Application to Receive the Certificate of Bilingual Competency Upon Graduation
SPRING 2019

Student's Name: _____ Language: _____
(PLEASE PRINT)

Counselor's Name: _____ Student I.D. _____

I wish to receive the Certificate of Bilingual Competency and a special seal on my high school diploma. I have met the following eligibility requirements:

- Successful completion of 3 points in the criteria for demonstrating proficiency in English as stated in Attachment 1 of NYSED Seal of Biliteracy. **(copy of transcript)**
- Successful completion of 3 points in the criteria for demonstrating proficiency in a World Language other than English as stated in Attachment 1 of NYSED Seal of Biliteracy, with approval signature of current foreign language teacher. **(copy of transcript)**

Teacher's signature

Date

Please return this application AND all verification documents to _____ by _____.

OFFICE USE ONLY	
<input type="checkbox"/>	Verified successful completion of all high school graduation requirements with a minimum overall GPA of 3.0, and one of the above foreign language requirements. Approved for Certificate of Bilingual Competency recognition.
<input type="checkbox"/>	Not approved due to the following:

District Program Coordinator's Signature: _____ Date: _____