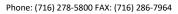
Niagara Falls City School District

NYS Seal of Biliteracy Student Application Form

Niagara Falls High School 4455 Porter Road Niagara Falls, New York 14305-3309





Cynthia Jones - Chief Educational Administrator



Edward Ventry
Administrator- Team 1

Bryan Rotella Administrator- Team 2 Cheryl Vilardo
Administrator- Team 3

tuucn	dent's Name: Lang	guage:
	(PLEASE PRINT)	
Counse	unselor's Name: Student I.D	
	I wish to receive the New York State Seal of Biliteracy and recognition on and at Graduation.	
	**** Return this form to your Guidance Counselo	r
	The student met the following eligibility requirements:	
	☐ Successful completion of 3 points in criteria for demonstrating proficience Attachment 1 of the NYSED Seal of Biliteracy. (copy of transcript)	y in English as stated ir
	☐ Successful completion of 3 points in the criteria for demonstrating profic Language other than English as stated in Attachment 1 of the NYSED Seal approval signature of current World Language Teacher. (copy of transcrip	of Biliteracy, with
World La	orld Language Teacher's signature & date Guidance Counselor's signature & date Language Art Teach	ner's signature & date
lease	ase return this application <u>AND</u> all verification documents to your Guidance ogram coordinators will contact you upon acceptance.	•
lease	ase return this application <u>AND</u> all verification documents to your Guidance ogram coordinators will contact you upon acceptance. OFFICE USE ONLY	Counselor. The NYSSE
Please	ase return this application <u>AND</u> all verification documents to your Guidance ogram coordinators will contact you upon acceptance.	Counselor. The NYSSE
Please	ase return this application AND all verification documents to your Guidance ogram coordinators will contact you upon acceptance. OFFICE USE ONLY Verified successful completion of all high school graduation requirem overall GPA of 3.0, and one of the above foreign language requirements.	Counselor. The NYSSE
Please	ase return this application AND all verification documents to your Guidance ogram coordinators will contact you upon acceptance. OFFICE USE ONLY Verified successful completion of all high school graduation requirement overall GPA of 3.0, and one of the above foreign language requirement Approved for Certificate of Bilingual Competency recognition	Counselor. The NYSSE
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District Program Coordinator's Signature: ______ Date: _____