

# 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

Phone: (716) 278-5800 FAX: (716) 286-7964



**Cynthia Jones – Chief Educational Administrator**



*Edward Ventry*  
Administrator- Team 1

*Bryan Rotella*  
Administrator- Team 2

*Cheryl Vilardo*  
Administrator- Team 3

Student's Name: \_\_\_\_\_ Language: \_\_\_\_\_  
(PLEASE PRINT)

Counselor's Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

- I wish to receive the New York State Seal of Biliteracy and recognition on my high school diploma and at Graduation.

**\*\*\*\* Return this form to your Guidance Counselor**

The student met the following eligibility requirements:

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

\_\_\_\_\_  
*World Language Teacher's signature & date*

\_\_\_\_\_  
*Guidance Counselor's signature & date*

\_\_\_\_\_  
*Language Art Teacher's signature & date*

**Please return this application AND all verification documents to your Guidance Counselor. The NYSSB program coordinators will contact you upon acceptance.**

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.
<input type="checkbox"/>	Approved for Certificate of Bilingual Competency recognition
<input type="checkbox"/>	Not approved due to the following: _____
	_____
	_____

District Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_