New Jersey Seal of Biliteracy Application 2022-2023

BRING THIS APPLICATION AND CHECK FOR \$20.00 MADE OUT TO "RHS Board of Education" TO MS. YODA IN ROOM 302 BY: Wednesday, December 15.

Student Name (PR	INT)		
	(LAST)		(FIRST)
Grade*	(must be in grade 11 or 12)		
STUDENT RHS EM	AIL ADDRESS:		
	il will be used as the primary way to co		ck your email in the upcoming weeks
	for upda	tes regarding testing.**	
NOTE: Students will te in the spring of your ju additional cost affiliat	essment (select STAMP, AP, or OTHER) est via the STAMP test. The AP exam counior year. If you wish to be tested in the with a test in that language. If this ervisor of World Languages to make se	a language that is not listed below, p s is the case, please indicate the lang	please be aware that there is an
	STAMP	LANGUAGE	
	World Language & Culture Exam (ONL) IER. The language I would like to be to		guage is:
Student Signature		Date	
days (two sections pe below, you are giving	who choose to participate in testing for day). Testing will take place as follow permission for your child to participat	ws: Seniors-January 10-12, 2023, Ju e in testing on his/her assigned testi	niors- June 22, 2023. <i>By signing</i>
Parent Signature		Date	
	For	r office use only	
Date received:	ELA Asses	sment:	Score: