

New Jersey Seal of Biliteracy Application 2023-2024

BRING THIS APPLICATION AND CHECK FOR \$25.00 MADE OUT TO "RHS Board of Education"
TO MS. YODA IN ROOM 302 BY: Wednesday, December 13.

Student Name (PRINT) _____
(LAST) (FIRST)

Grade* _____ **(must be in grade 11 or 12)**

STUDENT **RHS EMAIL** ADDRESS: _____

Your student email will be used as the primary way to contact you about testing. Please check your email in the upcoming weeks for updates regarding testing.

World Language Assessment (select STAMP, AP, or OTHER)

NOTE: Students will test via the STAMP test. The AP exam can only be used if you are a current senior who took an AP language exam in the spring of your junior year. If you wish to be tested in a language that is not listed below, please be aware that there is an additional cost affiliated with a test in that language. If this is the case, please indicate the language on this form and you will be contacted by the Supervisor of World Languages to make separate payment arrangements.

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STAMP

LANGUAGE

- ☐ ARABIC
- ☐ FRENCH
- ☐ GERMAN
- ☐ HEBREW
- ☐ HINDI
- ☐ ITALIAN
- ☐ JAPANESE
- ☐ KOREAN
- ☐ MANDARIN
 - ☐ SIMPLIFIED
 - ☐ TRADITIONAL
- ☐ POLISH
- ☐ PORTUGUESE (BRAZILIAN)
- ☐ RUSSIAN
- ☐ SPANISH

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STAMP WS

LANGUAGE

- ☐ ARMENIAN
- ☐ CZECH
- ☐ FILIPINO (TAGALOG)
- ☐ TURKISH
- ☐ UKRAINIAN
- ☐ VIETNAMESE

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AP World Language & Culture Exam **(ONLY IF taken Junior Year)** Score Received: _____

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OTHER. The language I would like to be tested in is not listed above. That language is: _____

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A CHECK FOR \$25.00

Student Signature _____ Date _____

To Parents: Students who choose to participate in testing for the New Jersey Seal of Biliteracy will be tested over the course of two days (two sections per day). Testing will take place as follows: Seniors- January 9-11, 2024, Juniors- June 18-20, 2024. *By signing below, you are giving permission for your child to participate in testing on his/her assigned testing day.*

Parent Signature _____ Date _____

For office use only

Date received: _____

ELA Assessment: _____

Score: _____