## New Jersey Seal of Biliteracy Application

## BRING THIS APPLICATION AND CHECK FOR \$40.00 MADE OUT TO "Rutherford Board of

**Education**"

TO MS. YODA IN ROOM 302 BY: Friday, December 13.

Student Name (PI	RINT)		
	(LAST)		(FIRST)
Grade*	( <u>must be in grade 11 or</u>	<u>· 12</u> )	
STUDENT <b>RHS EM</b>	IAIL ADDRESS:		
	nil will be used as the primary wo	-	ntact you about testing. Please check your email in the upcoming weeks
	fo	r updat	es regarding testing.**
NOTE: Students will t in the spring of your j additional cost affilia	iunior year. If you wish to be tes	xam ca ted in a . If this	n only be used if you are a current senior who took an AP language exan a language that is not listed below, please be aware that there is an is the case, please indicate the language on this form and you will be parate payment arrangements.
	STAMP		LANGUAGE
			ARABIC
			FRENCH
			GERMAN
			HEBREW
			HINDI
			ITALIAN
			JAPANESE
			KOREAN
			MANDARIN  SIMPLIFIED  TRADITIONAL
			☐ TRADITIONAL POLISH
			PORTUGUESE (BRAZILIAN)
			RUSSIAN
			SPANISH
	STAMP WS		LANGUAGE
			ARMENIAN
			BENGALI
			CZECH
			FILIPINO (TAGALOG)
			GREEK THAI
			TURKISH
			UKRAINIAN
			VIETNAMESE
AP	World Language & Culture Exam	n <mark>(ONLY</mark>	' IF taken Junior Year) Score Received:
		_	
	men. The language I would like t	io ne le	sted in is not listed above. That language is:

## APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A CHECK FOR \$39.90

Student Signature	Date	
days (two sections per day). Testi	to participate in testing for the New Jersey Seal of Biliteing will take place as follows: Seniors-January 7-9, 2025 For your child to participate in testing on his/her assigne	, Juniors- June 18-20, 2025. By signing
Parent Signature	Date	
	For office use only	
Date received:	ELA Assessment:	Score: