



# Saint Louis Public Schools

## Missouri Seal of Biliteracy

### Application



Pending the final semester of high school coursework, I have successfully completed Saint Louis Public schools requirements for graduation;

**Name:** \_\_\_\_\_  
LAST, FIRST

**Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

I am biliterate in English and \_\_\_\_\_;  
LANGUAGE

I wish to receive:

Missouri Seal of Biliteracy

Missouri Distinguished Seal of Biliteracy

I have met the following requirements:

Criteria	Evidence	
English*  *Include score reports	<input type="checkbox"/> English II EOC <i>or</i> <input type="checkbox"/> ACT <i>or</i> <input type="checkbox"/> ACCESS for ELLs      Year _____	Score: _____  Score: _____  Score: _____
Language/s other than English	<input type="checkbox"/> I would like to schedule a test in _____ <i>or</i> <small>LANGUAGE</small> <input type="checkbox"/> Language Proficiency Portfolio (Submit electronically on a flash drive)	Score: _____  Score: _____
Sociocultural Competency	<input type="checkbox"/> I have accumulated required number of points. (include completed sociocultural competency log)	Score: _____

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I have verified the above mentioned information and confirmed its accuracy.

**School Counselor**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only**

**Test name** \_\_\_\_\_

**Date:** \_\_\_\_\_

The student met district requirements for:

Missouri Seal of Biliteracy

Missouri Distinguished Seal of Biliteracy

**SLPS Seal of Biliteracy Coordinator**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_