

SJCOE's State Seal of Biliteracy Award Celebration

STUDENT PARTICIPATION FORM

Graduating high school students from San Joaquin County will be recognized for meeting the State Seal of Biliteracy requirements. Students will receive a State Seal of Biliteracy Medallion. These medallions are separate from the official seal from the California Department of Education, which the school district will distribute. This form must be completed and returned to your district lead in order to receive an invitation with the event date, time, and location.

Student's Name: _____ DOB: _____
 First Last

Student's Mailing Address: _____ City: _____ Zip: _____

District: _____ School: _____

Languages: English and _____

I wish to participate in SJCOE's award celebration one evening during the week of April 15, 2024, to receive my State Seal of Biliteracy Medallion.

Pursuant to California Education Code Section 35330, I understand that I hold the San Joaquin County Office of Education, its agents, and employees, harmless for any and all liability or claims which may arise out of or in connection with my child's participation in this activity. My signature is shown below, and I hereby agree to have my child follow the event day rules. By signing this request, I acknowledge that I have carefully read this voluntary participation form and expressly grant authority to, and indicate consent to, the possible release of educational information about or relative to, the participation of this student. Such information shall include but is not limited to, the release of photographs, test results, the reproduction or transmission of sound, motion pictures, and video or digital recordings. Consent is likewise given for the use of school information by any institute of higher learning, recognized educational study group, or educator for the purposes of study, comparison, and the furtherance of knowledge in the fields of education or human behavior. The County Office shall have the right to reproduce, use, display and disseminate in such manner as they see fit, without obligation of any kind to any person.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

SCHOOL DISTRICT LEAD ONLY

I certify this student has met criteria, submitted all required documents, and is eligible to receive the designated award.

District Lead signature: _____ Date: _____

District Lead (print): _____

District Lead - Please submit completed forms on or before March 1, 2024, to:

SJCOE, Language & Literacy Department
P.O. Box 213030, Stockton, CA 95213
(209) 468-4865
languageandliteracy@sjcoe.net



**SAN JOAQUIN COUNTY
OFFICE OF EDUCATION**