

Exhibit JNB-E(2): Seal of Biliteracy

Status: DRAFT

Original Adopted Date: Pending

See PDF on the next page.

**MISSISSIPPI SEAL OF BILITERACY
DISTRICT PARTICIPATION FORM**

This form must be completed and uploaded to MSIS upon initial determination to participate in the Mississippi Seal of Biliteracy program.

District Name: _____

District Address: _____

County: _____

District Seal of Biliteracy Contact Name: _____

District Seal of Biliteracy Contact Email: _____

Our district agrees to abide by the Mississippi Department of Education's Mississippi Seal of Biliteracy Policy 28.8 and guidance as outlined in the Mississippi Seal of Biliteracy Guidelines. We also agree to submit required information as listed on the Mississippi Seal of Biliteracy website www.mdek12.org/ese/Mississippi-Seal-of-Biliteracy.

Superintendent Signature

Date