

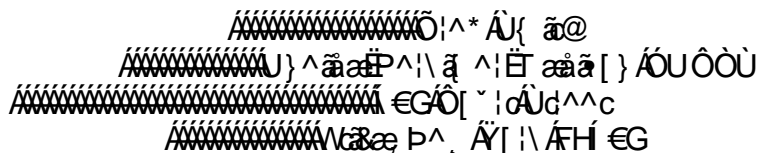
Oneida-Herkimer-Madison BOCES World Languages Department Assurance of Next-Day Completion of Testing for English Language Learners/Multilingual Learners on Checkpoint B Examinations Form

School BEDS Code	
School Name	
School City	
Principal's Name	
Principal's Email Address	
Telephone Number	
Fax Number	
Date	

As the principal of _____ School, I hereby certify that the information contained in this notification for the students identified on the next page is correct and make the following assurance that the school will comply with the procedures governing the administration of UPT /OU/OU/UA/ae@a/ae • Examination• (/O) • |a @ Language Learners/Multilingual Learners and Former English Language S^ae} ^i • Aaa q * Awo Regents/Pathways Examinations scheduled for the same day, with the a& [[aae] A - A^cd EO Day Completion.

Signature	
Print/Type Name	
Print/Type Title	

This completed form along with as many additional pages as necessary must be mailed to:


 Attention: Next-Day Completion

*After completion, photocopy and mail the original completed form to [Qpglf c/ J gt nko gt / O cf kuq p" DQEGU](mailto:Qpglf c/ J gt nko gt / O cf kuq p)
Retain the photocopy in uej qqrllhrgu0*

Assurance of Next-Day Completion of Testing for English Language Learners/Multilingual Learners on Regents Examinations Form continued

School Name: _____ Date: _____

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Use additional pages if necessary.

Form to Be Signed by Principal

Security Certificate

I, _____, as the principal of _____,
(principal's name) (school name)
do certify that _____ was not given access by me or any of
(student's name)
the proctors to any of the questions on the following Checkpoint B Examination(s) prior to
the dates administered to the student.

7 \ YW_dc]bh6 ' ExaminationfbŁ	Dates Administered

Principal's Signature	
Date	

A copy of this form must be completed and signed by the principal for each English Language Learner who was provided with the accommodation of Next-Day Completion of \ =U " \ #- o:# " Examinations. The completed forms must be

Form to Be Signed by Parent/Guardian

Security Certificate

I _____, as the parent/guardian of _____,
(parent's name) (student's name)
 who attends _____, do certify that my child was not given access
(school name)
 by me to any of the questions on the following Examination prior to the
 examination administered to my child. I further certify that I spoke with my child prior to testing
 and informed him/her that he/she was not to discuss any aspects of the test with fellow
 students until testing was completed.

7\ YW_dc]bh6 ExaminationfbL	Dates Administered

Parent's/Guardian's Signature*	
Date	

Instructions to the school: A copy of this completed and signed form must be retained as part of the student's educational record. The examination that was completed on the second day will not be valid until the school receives this signed form.

* This form may instead be signed by the student if the student is eighteen years of age or older.