WSPTA only- Reflections Student Submission Entry Form

This section to be complet	ed by PTA before distri	bution.			
LOCAL PTA	LOCAL PTALOCAL PTA Number				
LOCAL PROGRAM CHAIR		EMAIL		PHONE	
COUNCIL PTA	COUNCIL CHAIR EMAIL				WSPTA
Local PTA leader to f					
MEMBER DUES PAID DATE	INSU	RANCE PAID DATE	BYL	AWS APPROVAL DATE	
STUDENT NAME		GRADE	AGE	SCHOOL	
PARENT/GUARDIAN N	IAME(S)				
EMAIL					
PHONE		_			
MAILING ADDRESS					
CITY	STATE	ZIP			
National PTA Reflection					
PARENT/GUARDIA	N SIGNATURE				
□ PRIMARY (Pre-K-Grad	ADE DIVISION (Check One) PRIMARY (Pre-K-Grade 2) ARTS CATEGORY (Check One) DANCE CHOREOGRAPHY				
☐ INTERMEDIATE (Grad		☐ FILM PRODUCTION			
□ MIDDLE SCHOOL (Gr □ HIGH SCHOOL (Grade	•	□ LITERATURE□ MUSIC COMPOSITION			
□ *SPECIAL ARTIST (PK-	•	□ PHOTOGRAPHY			
□ *SPECIAL ARTIST (6th-	·	☐ VISUAL ARTS			
*if your child has 504/I	EP or ADA accomr	nodations, they car	choose to e	enter in the special a	artist division
TITLE OF ARTWORK _					
	music is used in da	ance/film, citation is	required. Inc		literature. List musician(s)
ARTIST STATEMENT (I	n 10 to 100 words,	describe your work a	and how it rel	ates to the theme)	



