WSPTA only- Reflections Student Submission Entry Form

This section to be com	pleted by PTA before distri	bution.				
LOCAL PTA		LOCAL PT	A Number		_	
LOCAL PROGRAM CHA	IR	EMAIL	EMAIL		PHONE	
COUNCIL PTA COUNCIL CHAIR I		CHAIR EMAIL	EMAIL		WSPTA	
	 to fill in:					
MEMBER DUES PAID D	ATE INSU	RANCE PAID DATE	BYLA	AWS APPROVAL DATE		
STUDENT NAME		GRADE	AGE	SCHOOL		
PARENT/GUARDIA	N NAME(S)					
MAILING ADDRESS						
	STATE					
National PTA Reflect STUDENT SIGNA	ATURE			<u>.</u>		
PARENT/GUARE	DIAN SIGNATURE					
GRADE DIVISION (RTS CATEGORY (Check One)				
☐ PRIMARY (Pre-K-C	•	☐ DANCE CHOREOGRAPHY				
☐ INTERMEDIATE (G☐ MIDDLE SCHOOL		☐ FILM PRODUCTION ☐ LITERATURE				
	HOOL (Grades 9-12)					
	(PK-5 th Grades) □ PHOTOGRAPHY					
□ *SPECIAL ARTIST	(6 th -12 th Grades)					
*if your child has 50	04/IEP or ADA accomn	nodations, they can	choose to e	nter in the special a	rtist division	
TITLE OF ARTWORI	.					
DETAILS (If backgro	und music is used in da	ance/film, citation is	required. Incl	ude word count for li	iterature. List musician(s)	
or instrumentation fo	or music. List dimension	ns for photography/	visual arts.)			
ARTIST STATEMEN	T (In 10 to 100 words, o	describe your work a	nd how it rela	ates to the theme)		



