WSPTA only- Reflections Student Submission Entry Form

This section to be complet	ed by PTA before distrib	oution.			
LOCAL PTALOCAL PTA Number					
LOCAL PROGRAM CHAIR_		EMAIL		PHONE	
COUNCIL PTACOUNCIL CHAIR EMAIL WSPTA					
Local PTA leader to	ill in:				
MEMBER DUES PAID DATE	INSUI	RANCE PAID DATE	STANDII	NG RULES APPROVAL DA	TE
STUDENT NAME		GRADE	AGE	SCHOOL	
PARENT/GUARDIAN I	NAME(S)				
EMAIL					
PHONE		_			
MAILING ADDRESS				_	
CITY	STATE ZIP				
the PTA Reflections pro National PTA Reflection	s Official Rules.	·		J	ove statement and the
STUDENT SIGNAT	URE				
PARENT/GUARDIA	N SIGNATURE				
GRADE DIVISION (Check One) ARTS CATEGORY (Check One)				One)	
☐ PRIMARY (Pre-K-Gra	•	☐ DANCE CH		Y	
☐ INTERMEDIATE (Grad	, ,	☐ FILM PRODUCTION			
☐ MIDDLE SCHOOL (Gr ☐ HIGH SCHOOL (Grad	•	☐ LITERATURE ☐ MUSIC COMPOSITION			
•	LE ARTS (PK-5 th Grades)				
□ *ACCESSIBLE ARTS (6		□ VISUAL ARTS			
*if your child has 504/I				nter in the accessible	arts division
TITLE OF ARTWORK					
DETAILS (If background	d music is used in da	nce/film, citation is	required. Incl	ude word count for li	terature. List musician(s)
or instrumentation for r			•		
ARTIST STATEMENT (n 10 to 100 words, c	describe your work a	and how it rela	ates to the theme)	



