WSPTA only- Reflections Student Submission Entry Form

This section to be compl	eted by PTA before distri	bution.			
LOCAL PTA	OCAL PTA LOCAL PTA Number				
LOCAL PROGRAM CHAIR		EMAIL		PHONE	
COUNCIL PTA	COUNCIL CHAIR EMAIL				WSPTA
	o fill in:				
MEMBER DUES PAID DA	TEINSU	RANCE PAID DATE	BYL	AWS APPROVAL DATE	
STUDENT NAME		GRADE	AGE	SCHOOL	
PARENT/GUARDIAN	NAME(S)				
EMAIL					
PHONE		_			
MAILING ADDRESS _					
CITY	STATE	ZIP			
National PTA Reflection STUDENT SIGNA					
PARENT/GUARDI	AN SIGNATURE				
□ PRIMARY (Pre-K-Gr	ADE DIVISION (Check One) RIMARY (Pre-K-Grade 2) ARTS CATEGORY (Check One) DANCE CHOREOGRAPHY FILM PRODUCTION				
☐ MIDDLE SCHOOL (☐ LITERATURE			
□ HIGH SCHOOL (Gra	•	☐ MUSIC COMPOSITION			
□ *SPECIAL ARTIST (P	·	□ PHOTOGRAPHY □ VISUAL ARTS			
□ *SPECIAL ARTIST (6 *if your child has 504	· ·			enter in the special a	artist division
TITLE OF A DTWODY					
TITLE OF ARTWORK					
DETAILS (If backgrou or instrumentation for				lude word count for	literature. List musician(s)
ARTIST STATEMENT	(In 10 to 100 words,	describe your work a	and how it rel	ates to the theme)	



