

National PTA® Reflections Student Entry Form - WASHINGTON



To be completed by PTA before distribution (ALL FIELDS REQUIRED)			
Non-Council □ COUNCIL PTA/PTSA: REFLECTIONS CHAIR NAME:	REGIONNATIONAL 8-DIGI	STATE T ID # EMAIL:	STATE ID #
REFLECTIONS CHAIR NAME: EMAIL: PHONE:			
Local PTA good standing status: ☐ Membership dues paid date	🗆 Insurance paid dat	e □ Standing Ru	les approval date
STUDENT INFORMATION (ALL FIELDS REQUIRED)			
Turn-In Deadline:	TE	ACHER:	
STUDENT NAME:		GRADE:	AGE: M/F:
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
PARENT/GUARDIAN NAME(S):			
PARENT/GUARDIAN PHONE: E-MAIL:			
permission and consent that PTA may of works for PTA purposes. PTA is not resconstitutes acceptance of all rules and of the permission and constitutes acceptance of all rules and of the permission and consent that PTA may of the permission and consent the permission and permi	ponsible for lost or damaged conditions.	entries. Submission of entry in	nto the PTA Reflections program
Signature of student (required) Signature of parent/legal guardian (required if child is under 18 years)			
GRADE DIVISION (Check One) □ PRIMARY (Preschool- Grade 2) □ F □ INTERMEDIATE (Grades 3-5) □ S □ MIDDLE SCHOOL (Grades 6-8)	JUDGING INFORMATION (A HIGH SCHOOL (Grades 9-12) SPECIAL ARTIST (All Grades)	ARTS CATEGORY (Check One)	
TITLE OF ARTWORK:			
ARTWORK DETAILS: (Dance/Film: cite backs: materials & dimensions)	•	* **	ature: word count; Photo/Visual
ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme - use a separate page if necessary)			