



**National PTA Reflections® Program**  
**Student Entry Form**  
 2015-16 Theme: *Let Your Imagination Fly*



State \_\_\_\_\_ County \_\_\_\_\_ Local Unit Name \_\_\_\_\_

**ENTRY INFORMATION**

Teacher/Room # \_\_\_\_\_

**GRADE DIVISION (Check One)**

**ARTS CATEGORY (Check One)**

- |   |   |
|---|---|
| <input type="checkbox"/> PRIMARY (Preschool- Grade 2) | <input type="checkbox"/> DANCE CHOREOGRAPHY |
| <input type="checkbox"/> INTERMEDIATE (Grades 3-5)    | <input type="checkbox"/> FILM PRODUCTION    |
| <input type="checkbox"/> MIDDLE SCHOOL (Grades 6-8)   | <input type="checkbox"/> LITERATURE         |
| <input type="checkbox"/> HIGH SCHOOL (Grades 9-12)    | <input type="checkbox"/> MUSIC COMPOSITION  |
| <input type="checkbox"/> SPECIAL ARTIST (All Grades)  | <input type="checkbox"/> PHOTOGRAPHY        |

**IF NECESSARY Visual Art Dimensions:**

VISUAL ARTS: Brief Description \_\_\_\_\_

**TITLE OF ARTWORK (Required) :** \_\_\_\_\_

**ARTIST STATEMENT (Required) :** (At least 10 words, 100 words max describing how your work relates to the theme)

STUDENT'S FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of parent/legal guardian (necessary if child is under 18 years)