

## **National PTA® Reflections**



## Student Entry Form

To be completed by PTA before distribution:  PTA LEADER NAME: Reflections Chairperson Mrs. Marissa Sitz  EMAIL marissasitz@hotmail.com PHONE: 626-915-5841 X 30215		DEADLINE FOR ENTRY: Friday 10/21/2016  TEACHER/ROOM #: Charter Oak HS  Attn: Mrs. Montell					
				LOCAL PTA NAME: CHARTER OAK HIGH SCHOOL PT			Counseling Office
NATIONAL 8-DIGIT ID #006952 STATE							
COUNCIL PTA: CHARTER OAK DISTRICT PTA: FIRST							
REGION PTA STATE PTA: California PTA							
MEMBER DUES PAID DATE INSURANCE PAID DATE BYLAWS APPROVAL DATE							
Register at PTA.org/Reflection	ns						
STUDENT NAME	GRADE	AGE	M/F				
STODENT NAME	GRADE	AGE					
PARENT/GUARDIAN NAME	EMAIL	PHONE					
MAILING ADDRESS	CITY	STATE	<b>7</b> 1P				
permission and consent that PTA may display, copy, works for PTA purposes. PTA is not responsible for loconstitutes acceptance of all rules and conditions. I constitutes acceptance of all rules and conditions.	st or damaged entries. Submissic agree to the above statement and	on of entry into the F I the National PTA R	TA Reflections program eflections Official Rules.				
GRADE DIVISION (Check One)  □ PRIMARY (Preschool- Grade 2) □ HIGH SCHOOL (Grade □ INTERMEDIATE (Grades 3-5)□ SPECIAL ARTIST (All Grades MIDDLE SCHOOL (Grades 6-8)		EOGRAPHY [	MUSIC COMPOSITION PHOTOGRAPHY VISUAL ARTS				
TITLE OF ARTWORK							
ARTWORK DETAILS (Dance/Film: cite background m		entation; Literature:	word count; Photo/Visual				
Arts: materials & dimensions)							
ARTIST STATEMENT (Must be 10 to 100 words descr	ibing your work and how it relat	es to the theme)					
			40				