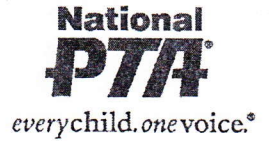




# National PTA® Reflections

## Student Entry Form



*To be completed by PTA before distribution:*

PTA LEADER NAME Sharon Liu (Reflections Chair)  
 EMAIL hoptsa.reflections@yahoo.com PHONE 626-688-4432  
 LOCAL PTA NAME Highland Oaks Elementary PTSA, Inc.  
 NATIONAL 8-DIGIT ID # 00006663 STATE ID # 22  
 COUNCIL PTA Arcadia DISTRICT PTA First  
 REGION PTA \_\_\_\_\_ STATE PTA California  
 MEMBER DUES PAID DATE \_\_\_\_\_ INSURANCE PAID DATE \_\_\_\_\_ BYLAWS APPROVAL DATE \_\_\_\_\_

*Register at PTA.org/Reflections*

DEADLINE FOR ENTRY: \_\_\_\_\_

TEACHER/ROOM #: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules.*

STUDENT SIGNATURE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

**GRADE DIVISION (Check One)**

- PRIMARY (Preschool- Grade 2)  HIGH SCHOOL (Grades 9-12)  
 INTERMEDIATE (Grades 3-5)  SPECIAL ARTIST (All Grades)  
 MIDDLE SCHOOL (Grades 6-8)

**ARTS CATEGORY (Check One)**

- DANCE CHOREOGRAPHY  MUSIC COMPOSITION  
 FILM PRODUCTION  PHOTOGRAPHY  
 LITERATURE  VISUAL ARTS

TITLE OF ARTWORK \_\_\_\_\_

ARTWORK DETAILS (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) \_\_\_\_\_

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme)

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