WSPTA only- Reflections Student Submission Entry Form

This section to be complete	ted by PTA before distrib	ution.			
LOCAL PTA Maple Hills PTA LOCAL PTA Number 2.6.15					
LOCAL PROGRAM CHAIR					837-5100
COUNCIL PTA Angie Wa	arren _{COUNCIL} C	_{HAIR EMAIL} reflectio	ns@issaqua	ahptsa.org	WSPTA
Local PTA leader to	fill in:				
MEMBER DUES PAID DATE	10/31/24 INSUR	ANCE PAID DATE 12/3	0/23 _{STANDII}	NG RULES APPROVAL	_{DATE} 10/16/24
STUDENT NAME		GRADE	AGE	SCHOOL	
PARENT/GUARDIAN I	NAME(S)				
EMAIL					
PHONE					
MAILING ADDRESS				-	
CITY	STATE	ZIP			
National PTA Reflections pro STUDENT SIGNAT	ns Official Rules.			-	above statement and the
STODENT SIGNAT	OKE				
PARENT/GUARDIA	AN SIGNATURE _				_
GRADE DIVISION (Check One)		ARTS CATEGO	ARTS CATEGORY (Check One)		
☐ PRIMARY (Pre-K-Grade 2)		☐ DANCE CHOREOGRAPHY			
☐ INTERMEDIATE (Grad	☐ FILM PRODUCTION				
☐ MIDDLE SCHOOL (Grades 6-8) ☐ HIGH SCHOOL (Grades 9-12)		☐ LITERATURE ☐ MUSIC COMPOSITION			
□ *ACCESSIBLE ARTS (PK-5 th Grades)					
□ *ACCESSIBLE ARTS (6					
*if your child has 504/I	· ·			nter in the access	ible arts division
TITLE OF ARTWORK					
					or literature. List musician(s)
or instrumentation for i				ade word count is	n interacture. List musician(s)
ARTIST STATEMENT (In 10 to 100 words, d	escribe your work a	nd how it rela	ates to the theme)	



