## **PTA Reflections Student Submission Entry Form**

LOCAL PTA  LOCAL PROGRAM CHAIR			A ID	
	EMAIL			
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COUNCIL F IA	DISTRICT PTA	REGION PTA_	REGION PTA	
STATE PTA				
MEMBER DUES PAID DATE	INSURANCE PAID DA	ATE BYLAW	VS APPROVAL	. DATE
STUDENT NAME		GRA	DE	_ AGE
PARENT/GUARDIAN NAM	IE(S)			
EMAIL	PHONE			
MAILING ADDRESS				
СІТҮ	STATE	z	ΊΡ	
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STUDENT SIGNATURE (Re	quired.)			
PARENT/GUARDIAN SIGN	IATURE (Required.)			
GRADE DIVISION (Check ( □ PRIMARY (Pre-K-Grade 2 □ INTERMEDIATE (Grades ( □ MIDDLE SCHOOL (Grade	) (3-5)	ARTS CATEGORY  □ DANCE CHOREC □ FILM PRODUCTI □ LITERATURE	OGRAPHY	
□ HIGH SCHOOL (Grades 9	9-12)	☐ MUSIC COMPOS		
□ ACCESSIBLE ARTS (All Gr	rades)	☐ PHOTOGRAPHY ☐ VISUAL ARTS		



