

PTA Reflections Program | STUDENT ENTRY FORM

Directions: Completely fill out the form down to and including the required signatures. Leave the boxed area for local PTA information ink. If you need more space, use an extra sheet of paper. Be sure to label any additional pages.

Grade: _____

Age: _____

Gender ☐ M ☐ F

Grade Division (check one)

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Primary: preschool-grade 2

Intermediate: grades 3-5

Middle: grades 6-8

Senior: grades 9-12

Arts Area (check one)

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Dance Choreography

Film Production

Literature

Musical Composition

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Photography

Visual Arts

Title of Work (Required): _____

Required Artist Statement:

Explain how your work relates to the theme. (Maximum 250 words)

REQUIRED INFORMATION

Dance Choreography: Name(s) of performer(s): _____

Film Production: Name(s) of person(s) appearing in your film: _____

Did you use film-editing software? If so, which software? _____

Dance Choreography and Film Production: Credit the background music below (title, composer, and performer): _____

Musical Composition: Check one: ☐ Traditional Instrumentation ☐ Midi Instrumentation

Name(s) of person(s) who performed your composition: _____

Did you use music composition software? If so, which software? _____

Photography: Location/date of shot: _____

Describe the type of camera and process used in preparing the piece: _____

Visual Arts: Describe the medium (crayons, oil on canvas, etc.): _____

Photography and Visual Arts:

Dimensions of the work in inches, including mat. L _____ W _____

Student's first name

Middle init.

Last name

Address _____

Address 2 _____

City _____

State _____

ZIP _____

Phone () _____

E-mail _____

I grant to National PTA an irrevocable, unlimited license to display, copy, sell, sublicense, publish, and create and sell derivative works from, my work submitted for the Reflections Program. National PTA is not responsible for lost or damaged works. Entries may not be returned. I understand that I must participate in the Reflections Program through a PTA/PTSA in good standing. I affirm that this is my own original work. I understand that the submission of my entry into the Reflections Program constitutes acceptance of the above condition.

→ _____
Full Signature of student

→ _____
Signature of parent/legal guardian (necessary if child is under 18 years)

Additional Required State Information:

DISTRICT # 12 COUNCIL NAME Olmsted Falls Council of PTA's

TO BE COMPLETED BY LOCAL PTA Check one: ☒ PTA ☐ PTSA Local eight-digit PTA ID: 00018015

Local chair name Kathy Burkart Full and Official PTA/PTSA name Olmsted Falls Middle School PTA

PTA address 7302 Valeside Lane City Olmsted Township State Oh ZIP 44138

E-mail iepteacher@sbcglobal.net Phone (440) 235-5648

Local PTA good standing status: Per State By-Laws ☐ Yes ☐ No oh.pdf
state abbreviation.arts category.grade level.student last name.student first name