2011-2012 PTA Reflections Program
Student Entry Form

Theme:
"Diversity means…"

Directions: Please type or print clearly in black or blue ink. Completely fill out the form down to and including the required signatures. Leave the boxed area for local PTA information blank. 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)
_____ Primary: Preschool–Grade 2
_____ Intermediate: Grades 3–5
_____ Middle: Grades 6–8
_____ Senior: Grades 9–12

Arts Area (check one)
_____ Dance Choreography
_____ Film Production
_____ Literature
_____ Musical Composition
_____ Photography
_____ Visual Arts

NYS PTA ONLY Category
_____ Special Education

_____ **Developmental Grade**
*Note – National PTA believes it is the right of parents to place their child in the grade division that best reflects their child's age developmental age.

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 initial _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

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 work. 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 conditions.

(electronic) Full Signature of student

(electronic) Signature of parent/legal guardian *(necessary if child is under 18 years)*

Additional Required State Information Unit Code _____ _____ - _____ _____ _____

Membership dues paid date: ____ / ____ / ____ Insurance paid date: ____ / ____ / ____ Bylaws approval date: ____ / ____ / ____

To be completed by local PTA _____ PTA _____ PTSA **Local eight-digit PTA ID:** _____ _____ _____ _____ _____ _____ _____ _____

Local Chair Name _____ Full and Official PTA/PTSA Name _____

PTA Address _____ City _____ State _____ Zip _____

Email _____ Phone (____) _____