

# 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 blank. If you need more space,\* use an extra sheet of paper. Be sure to label any additional pages.

Grade: _____	<b>Grade Division</b> (check one)	<b>Arts Area</b> (check one)	
Age: _____	<input type="checkbox"/> Primary: K–grade 2	<input type="checkbox"/> Dance Choreography	<input type="checkbox"/> Photography
	<input type="checkbox"/> Intermediate: grades 3–5	<input type="checkbox"/> Film Production	<input type="checkbox"/> Visual Arts
		<input type="checkbox"/> Literature	
Gender <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Musical Composition	

**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 performers(s). **Please attach copy of consent form if applicable**

**Film Production:** Name(s) of person(s) appearing in your film. **Please attach copy of consent form if applicable**

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. **Please attach copy of consent form if applicable**

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 intl. _____	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**

**TO BE COMPLETED BY LOCAL PTA** Check one:  PTA  PTSA **Local eight-digit PTA ID**

Local chair name Kelly Pickow/Lauren Romano Full and Official PTA/PTSA name Nesconset Elementary PTA--  
 PTA address 29 Gibbs Pond Road City Nesconset State NY ZIP 11767  
 E-mail: kpickow@metlife.com/joeandlauren@optonline.net Phone (631) 979-5557/ 631-631-979-6397  
 Local PTA good standing status: Per State By-Laws  Yes  No  missing requirements \_\_\_\_\_