



# 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: \_\_\_\_\_  
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

**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 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: 00259271  
Local chair name Tracy F. Dodd Full and Official PTA/PTSA name Arlington High School PTSA  
PTA address 5475 Airline Rd. City Arlington State TN ZIP 38002  
E-mail tracy.dodd@stjude.org Phone (901) 581-8724  
Local PTA good standing status: Per State By-Laws  Yes  No  missing requirements \_\_\_\_\_