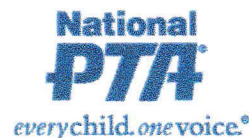


National PTA® Reflections

California State PTA Student Entry Form



To be completed by PTA before distribution

OFFICIAL PTA NAME: COUNCIL: Mt. Helix DISTRICT #: 9th STATE: CALIFORNIA
OFFICIAL PTA/PTSA NAME: Spring Valley Middle School PTSA NATIONAL 8-DIGIT ID # 00007271
REFLECTIONS CHAIR NAME: _____ EMAIL: _____
PTA ADDRESS: 3900 Conrad Dr, Spring Valley, Ca 91977 PHONE: 619/668-5750

Local PTA good standing status:

☐ Membership dues paid date _____ ☐ Insurance paid date _____ ☐ Bylaws approval date _____

STUDENT NAME: _____ GRADE: _____ AGE: _____ M/F: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN PHONE: _____ E-MAIL: _____

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions.

Signature of student

Signature of parent/legal guardian (required if child is under 18 years)

JUDGING INFORMATION

GRADE DIVISION (Check One)

- ☐ PRIMARY (Preschool- Grade 2) ☐ HIGH SCHOOL (Grades 9-12)
☐ INTERMEDIATE (Grades 3-5) ☐ SPECIAL ARTIST (All Grades)
☐ MIDDLE SCHOOL (Grades 6-8)

ARTS CATEGORY (Check One)

- ☐ DANCE CHOREOGRAPHY ☐ MUSIC COMPOSITION
☐ FILM PRODUCTION ☐ PHOTOGRAPHY
☐ LITERATURE ☐ VISUAL ARTS

TITLE OF ARTWORK: _____

ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme)

Local PTA Reflections Program Consent Form



California State PTA

Local Unit Spring Valley Council Mt. Helix District # 9th
Middle School PTA

For Use of a Student's Image or Voice

I give my permission for my son/daughter, _____, to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections® Program. I give consent for the student's voice and or image to be included in the entry. This entry may be used in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of Student Submitting the Entry

☐ I have read and understand the Rules of the Reflections Program.

Student Name

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

For Use of an Adult's Image or Voice

I am 18 years or older and I consent to participate in the taping, photographing, or audio recording of an entry in the PTA Reflections® entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of Student Submitting the Entry

☐ I have read and understand the Rules of the Reflections Program.

Printed Name

Date

Signature

Date