

Local PTA Information			
LOCAL PTA		NATIONAL PTA ID	
LOCAL PROGRAM CHAIR		EMAIL	

<b>STUDENT NAME</b>	<b>GRADE</b>	<b>AGE</b>
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<b>PARENT/GUARDIAN NAME(S)</b>	<b>EMAIL</b>	<b>PHONE</b>
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<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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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. I agree to the above statement and the National PTA Reflections Official Rules. **Signatures (typed or handwritten) are required for all entries.**

**STUDENT SIGNATURE** (Required for all entries) \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (Required for all entries) \_\_\_\_\_

<b>CATEGORY AND DIVISION</b> (All entrants must select a grade-level division and arts category.)	<b>GRADE DIVISION</b> (Check one) <input type="checkbox"/> PRIMARY (PreK-Grade 2) <input type="checkbox"/> INTERMEDIATE (Grades 3-5) <input type="checkbox"/> MIDDLE SCHOOL (Grades 6-8) <input type="checkbox"/> HIGH SCHOOL (Grades 9-12)	<b>ARTS CATEGORY</b> (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DANCE CHOREOGRAPHY  <input type="checkbox"/> FILM PRODUCTION  <input type="checkbox"/> LITERATURE         </div> <div> <input type="checkbox"/> MUSIC COMPOSITION  <input type="checkbox"/> PHOTOGRAPHY  <input type="checkbox"/> VISUAL ARTS         </div> </div>
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<b>ACCESSIBLE ARTS DIVISION PARTICIPATION</b> (Check if relevant) Students who identify as having a disability and may receive services under IDEA or ADA: Section 504 may also select to participate in the Accessible Arts Division to receive division-specific accommodations and non-artistic accommodations as outlined in the division guidelines. Participating students may use the "Additional Details" field to provide information about how their disability and/or support needs impacted their entry (10 to 100 words, optional). Participating students compete against other students in the division and are awarded as part of the division. See division guidelines for details. <input type="checkbox"/> I will participate and compete in the Accessible Arts Division.
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**ARTWORK DETAILS** (As relevant or required based arts category and/or division)

<b>Medium and Materials</b> (Visual Arts)		<b>Dimensions</b> (Visual Arts/ Photog.)	
<b>Word Count</b> (Lit.)		<b>Editing software, if used.</b> (All categories)	
<b>Cite background music, if used.</b> (Dance/Film) <b>List musician(s) or instrumentation</b> (Music)			

**TITLE** (Required for all entries)

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**ARTIST STATEMENT** (Required for all entries) In 10 to 100 words, describe your work and how it relates to the theme.

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**ADDITIONAL DETAILS** If technology is used, describe the platform's use in the creation process, including any generative elements (required for all entries, 10 to 50 words). Students participating in the Accessible Arts Division may provide details about how their disability and/or support needs impacted their entry (Optional, 10 to 100 words).

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## Photo Release Form

There may be times throughout the Reflections Program that photographs of students submitting entries will be taken. The events may include, but are not limited to, school recognitions, council awards program and Alabama PTA Awards Program. My child's school, Council PTA (if applicable), and Alabama PTA have my permission to use my child's photograph publicly to recognize my child as a participant of the Reflections Program.

I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

I have read and understand the above. Please select one of the following:

☐ I **Do** Consent

☐ I **Do Not** Consent

Signature of Parent/Guardian or student (if over 18):

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Printed Name of Parent/Guardian or student (if over 18):

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Date:

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Printed Name of student included in this permission:

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