# WSPTA only- Reflections Student Submission Entry Form

***This section to be completed by PTA before distribution.***

LOCAL PTA Bellevue High PTSA 2.3.148 LOCAL PTA Number 00009608

LOCAL PROGRAM CHAIR Kathy Green EMAIL [reflections@bellevuehighptsa.com](mailto:reflections@bellevuehighptsa.com) PHONE (425) 941-8597

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- - - - -Local PTA leader to fill in:- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

*MEMBER DUES PAID DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSURANCE PAID DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BYLAWS APPROVAL DATE\_\_\_*9/13/2023*\_\_\_\_*

**STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_** **­­­­­\_**

**GRADE \_\_\_\_­­­­\_\_\_\_\_\_ AGE \_\_\_** **\_\_\_ SCHOOL\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE DIVISION (Check One) ARTS CATEGORY (Check One)**

🞎 PRIMARY (Pre-K-Grade 2) 🞎 DANCE CHOREOGRAPHY

🞎 INTERMEDIATE (Grades (3-5) 🞎 FILM PRODUCTION

🞎 MIDDLE SCHOOL (Grades 6-8) 🞎 LITERATURE

🞎 HIGH SCHOOL (Grades 9-12) 🞎 MUSIC COMPOSITION

🞎 \*SPECIAL ARTIST (PK-5th Grades) 🞎 PHOTOGRAPHY

🞎 \*SPECIAL ARTIST (6th-12th Grades) 🞎 VISUAL ARTS

\*if your child has 504/IEP or ADA accommodations, they can choose to enter in the special artist division

**TITLE OF ARTWORK**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS** (If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.)

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

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