WSPTA only- Reflections Student Submission Entry Form

This section to be completed by PTA before distribution	<i>)</i> 11.		
LOCAL PTA & number HM Jackson High PTSA 7.3.95	National PTA Number 00032512		
LOCAL PROGRAM CHAIR: Laura Peterson	EMAIL: jhsptsareflections@gmail.com		PHONE: 425-420-8490
COUNCIL PTA: Everett Council 7.3	COUNCIL CHAIR EMAIL		
STUDENT NAME	GRADE	AGE	_
SCHOOL			
PARENT/GUARDIAN NAME(S)			
EMAIL			
PHONE			
MAILING ADDRESS			
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*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.

ARTWORK DETAILS (As relevant or required based arts category and/or division)





(Visual Arts)		Arts/Photo)	
Editing Software if used (all categories)		Word Count (Lit.)	
Cite background music, if used (dance/film). List musician(s) or instrumentation (music)			
generative elements (require	LS: If technology is used, describe the platformed for all entries, 10 to 50 words). Students pare eir disability (and/or support needs) impacted the	rticipating in the Accessible Arts	Division may
TITLE OF ARTWORK (required	for all entries):		
ARTIST STATEMENT (required	l for all entries): In 10 to 100 words, describe your w	ork and how it relates to the then	ne).



