

2022 Student Public School Art Contest Entry Form

Student First Name	Student Last Name(s)
Age	Grade
Parent/Guardian First Name	Parent/Guardian Last Name
Street Address	
City / State	Zip
Phone Number	Parent Email
Name of School:	
Classroom Teacher Name:	
Art Teacher Name:	Art Teacher Email:
Title of Artwork:	
Media:	
Would you like to have artwork returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tell us why you chose to draw this animal.	