



**National PTA Reflections® Program  
PTA Registration Tool**

**“The Magic of a Moment”**

This form can be used by PTAs to prepare for completing the PTA registration form to advance entries to the next round of the National PTA Reflections program.

**PTA/PTSA INFORMATION**

**8-Digit PTA/PTSA ID Number:**

**Official PTA/PTSA Name:**

**PTA/PTSA Address:**

**City, State, Zip**

**SCHOOL INFORMATION**

**School Name:**

**School Address:**

**City, State, Zip (Visit Greatschools.net to access this info)**

**School Principal First Name:**

**School Principal Last Name:**

**School Email:**

**School Phone:**

**Total School Enrollment:**

**Grades Served by School:**

**PTA REFLECTIONS INFORMATION**

PTA/PTSA Contact First Name:

PTA/PTSA Contact Last Name:

PTA/PTSA Contact Person Title:

Phone:

Email:

What are the ways that you celebrate your participants and winners? How do you promote Reflections to others in the community?

**PTA REFLECTIONS PARTICIPATION**

By Division, how many students participated in each of the following arts categories:

Division	Arts Category Participation Counts
<b>Primary</b>	____ Dance Choreography ____ Film Production ____ Literature ____ Music Composition ____ Photography ____ Visual Arts

Division	Arts Category Participation Counts
<p style="text-align: center;"><b>Intermediate</b></p>	<p>___ Dance Choreography</p> <p>___ Film Production</p> <p>___ Literature</p> <p>___ Music Composition</p> <p>___ Photography</p> <p>___ Visual Arts</p>
<p style="text-align: center;"><b>Middle School</b></p>	<p>___ Dance Choreography</p> <p>___ Film Production</p> <p>___ Literature</p> <p>___ Music Composition</p> <p>___ Photography</p> <p>___ Visual Arts</p>
<p style="text-align: center;"><b>High School</b></p>	<p>___ Dance Choreography</p> <p>___ Film Production</p> <p>___ Literature</p> <p>___ Music Composition</p> <p>___ Photography</p> <p>___ Visual Arts</p>

Division	Arts Category Participation Counts
<b>Special Artist</b>	<p>___ Dance Choreography</p> <p>___ Film Production</p> <p>___ Literature</p> <p>___ Music Composition</p> <p>___ Photography</p> <p>___ Visual Arts</p>

**SUBMITTER CONTACT INFORMATION (If different from above)**

**Submitter First Name:**

**Submitter Last Name:**

**Submitter Title:**

**Phone:**

**Email:**

**QUESTIONS? CONTACT:**

**Local:** Contact your Council and/or District PTA President

**Council:** Contact your District PTA President

**District:** Contact Sara Green, Reflections Program Coordinator, California State PTA at [reflections@capta.org](mailto:reflections@capta.org)