



**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
Primary	<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
<p style="text-align: center;">Intermediate</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;">Middle School</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;">High School</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
Special Artist	<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