



APS Character Education Poster Contest Entry Form

Student Information

Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Telephone Number _____ Parent's Email _____

Teacher Information

Name _____ Position _____

School _____ District _____

Address _____ City _____ Zip _____

Telephone Number _____ Email _____

Check Grade Category K-2 3-5 6-8 9-12

I certify that _____ (child's name) has submitted an original poster for the *APS Character Education Poster Contest* and has my permission to participate. I understand that the original art work will not be returned, becomes the property of APS and may be reproduced.

Signed _____ Dated _____
(parent or guardian)

Print Name _____
(parent or guardian)

This form must be attached to the back of your poster; if not, your entry will not be accepted.