

# 2018-2019 Sumter District Schools

## Art in the Capitol Competition

Student Information & Release Form

PLEASE PRINT CLEARLY. THIS INFORMATION IS USED FOR CERTIFICATES.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

STUDENT INFORMATION		
NAME: Mr. Ms.		GRADE:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
STUDENT EMAIL:	STUDENT PHONE (CELL):	
PARENT OR GUARDIAN NAME(S):		
PARENT PHONE (HOME):	PARENT PHONE (WORK or CELL):	
PARENT EMAIL:		

SCHOOL	
SCHOOL NAME:	
ART TEACHER NAME:	
ART TEACHER PHONE:	ART TEACHER EMAIL:

ART COMPETITION ENTRY
TITLE OF ENTRY:
MEDIUM:
DESCRIPTION:
Please include a detailed description of the artwork, clearly identifying the major elements of the piece.

ORIGINALITY CERTIFICATION	
I hereby certify that, to the best of my knowledge, the art entry described above is an original work of authorship by the undersigned student and that it is not copied from, nor does it include, any other person's copyrighted work.	
_____ STUDENT SIGNATURE	_____ ART TEACHER SIGNATURE