

**AATSP FLES Elementary/Middle School POSTER CONTEST
Student Information Form**

Please duplicate as needed and type all requested information and attach with tape (do not staple) to back of poster:

Name of Student _____

Grade _____ Name of School _____

School Address _____

School Phone (____) _____ Principal's Name _____
(first and last)

Sponsoring Teacher's Name _____

Sponsoring Teacher's E-mail _____

Sponsoring Teacher's 6 digit AATSP Identification Number _____

Signatures: We understand that the poster entry becomes the sole property of the AATSP and FLES Poster

Committee and that it may be duplicated and/or displayed at meetings:

Student's Signature: _____ Date: _____

Sponsoring Teacher's
Signature: _____ Date: _____

Parent/Guardian's
Signature: _____ Date: _____