



# Citizenship Essay Local Unit Entry Inventory Knox County Council PTA

**2018-2019 Theme “If our founding fathers were alive today...”**

**ENTRIES DUE JANUARY 17, 2019. Drop entries off at: Anita Patel Law Offices, 624 S. Peters Rd., Knoxville**

Name of PTA/PTSA \_\_\_\_\_ PTA Number \_\_\_\_\_

Name of President \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email of President \_\_\_\_\_

Safety Chair \_\_\_\_\_ Phone \_\_\_\_\_

Email of Safety Chair \_\_\_\_\_

School Phone Number \_\_\_\_\_

*An Individual Student Entry Form must be attached to each entry.*

**Musical Composition Division 1: Grades 6-8**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Musical Composition Division 2: Grades 9- 12**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

---

**Visual Arts Division 1: Grades 6-8**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

---

**Visual Arts Division 2: Grades 9- 12**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Film/Video Division 1: Grades 6-8**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

---

**Film/Video Division2: Grades 9- 12**

1. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name of student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

For additional information contact Tonya Cambre at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com)