

**Please type or print clearly using dark pen.**

**Information will be used for digital publication.**

**Scan and submit to your teacher as a PDF.**

|  |  |
| --- | --- |
| **Student/Author’s Name:****\*Must be included** | Student’s name *as it should appear in the publication* |
| **Preferred Pronouns:** | *Circle one:* **he/him she/her they/their** |
| **Home Address:** | *Street address:**city, state. zip:* |
| **Home Phone:** |  |
| **Parent’s Email Address:****\*Must be included** |  |
| **Student Email Address** (Optional) | *(For high schoolers only)* |
| **Teacher’s Email Address:** |  |
| **School Name & Address:*****(Full Address with zip code)*** |  |
| **Grade:** |  |
| **Teacher: *(****First & Last Name)* | **Mr./Mrs./Ms**. *(circle one)* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Local Reading Chapter:**\***Must be included** | **Howard County Literacy Association** |
| **Title of Entry:** | **Title:***Circle one:* **POEM (P) SHORT STORY (SS)** |

**Parent Permission**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest to the authenticity of my child’s

 Print/type first and last name

original work and give permission for SoMLA representatives to publicize my child’s name and reproduce his/her work in an anthology of writing in the event (s)he becomes a state winner.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature is required)*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*For local chapter coordinator’s use only:*