



CHIEF SECRETARY'S TOBAGO SECONDARY SCHOOLS'

# ART COMPETITION 2023

10 Year Anniversary



## ENTRY FORM

STUDENT NAME

---

DATE OF BIRTH

DAY MONTH YEAR

STUDENT'S AGE

GENDER

STUDENT'S EMAIL

MALE FEMALE

STUDENT'S FACEBOOK NAME

---

STUDENT'S ADDRESS

NAME OF SCHOOL

---

---

---

---

NAME OF ART PIECE

---

SHORT DESCRIPTION

---

---

---

PARENT(S) NAME

---

CONTACT NUMBER

---

PARENT(S) EMAIL

---

DATE & TIME OF SUBMISSION

D/M/Y TIME

NAME OF ART TEACHER

---

SIGNATURE

NAME OF PRINCIPAL

---

SIGNATURE

STUDENT'S SIGNATURE