

SAFETY DRAWING STUDENT ENTRY FORM

“Be Safe, Think Smart”

Please type or print very clearly. All information must be provided.

Student _____

Address _____

City _____ Zip _____

Phone # _____ Grade _____ Age _____

Teacher _____ School _____

School Address _____

Grade category (check one):

Primary: Preschool – Grade 2 _____ Middle/Junior: Grades 6 – 8 _____

Intermediate: Grades 3 – 5 _____ High: Grades 9 - 12 _____

District _____

Unit Name _____ LUR # _____

Unit President _____

President's Address _____

City _____ Zip _____

Phone # _____ Grade _____

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Signature of Student

Signature of Parent/Guardian (Required if student is under age 18.)