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| FULTON COUNTY SCHOOL STUDENT FIRST AND LAST NAME | | GRADE (MUST BE K-6) | FULTON COUNTY SCHOOL NAME | |
| ARTWORK TITLE | ART MEDIUM | | THEME PARTY CATERGORY CIRCLE ONE ART AEROSPACE DANCE | |
| EMAIL ADDRESS (YOU WILL BE NOTIFIED VIA EMAIL) | | | CELLPHONE# | |

DIGITAL ENTRIES ONLY. SCAN OR PHOTOGRAPH YOUR ARTWORK AND SEND A JPEG OR PDF ATTACHMENT TO ACCCINFO@FULTONCOUNTYGA.GOV.