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| --- | --- |
| **Student Name** |  |
| **Student School** |  |
| **Student Education Level** | Elementary School  Middle School  High School  Post-Secondary |
| **Name of Artwork** |  |
| **Synopsis of Artwork (250 words or less)** |  |

The information collected on this page will be displayed with selected pieces at the live showcase on October 26.

*For submissions where the entry is from a student under 13 years of age, parental/guardian consent is required on the following page.*

ACT Missouri and its managed organization, Missouri SADD, comply with the Children’s Online Privacy Protection Act (“COPPA”) and therefore must obtain your consent to collect your child’s personal information if your child is under the age of thirteen (13). Because information about your student (including name) may be displayed online and personally identifiable information (including name, email, phone number, school, and education level) will be collected in an online submission form, ACT Missouri requires parental/guardian consent. Contact information about your child will NOT be shared online or used for purposes outside of contact for the Art of Prevention event.

I have read the above statement and consent to the information about my child being collected and/or displayed.

I have read the above statement and DO NOT consent to the information about my child being collected and/or displayed.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_