

NYS School Arbor Day Poster Contest Program



Department of
Environmental
Conservation

School Participation Form

Teacher name: _____

Teacher email: _____

Teacher phone number: _____

Subject/grade level taught: _____

School name: _____

School mailing address: _____

How many students participated in the contest at your school? _____

How many teachers participated in the contest at your school? _____

Complete the following for a student whom you wish to be celebrated on DEC social media. Leave this section blank if you do not wish DEC to name any individual student.

Student name: _____

Student grade level: _____

Student hometown: _____

Parent/guardian name: _____

Parent/guardian email: _____

I hereby certify that the submitted poster is original artwork created entirely by the student listed above. I agree that it may be offered for publication on NYSDEC internet platforms. I understand that the only information that will be released is the student's name, school, grade, and hometown.

Student signature: _____

Parent/guardian signature: _____

Date: _____