2021–2022 ENTRY FORM
YOUNG GEORGIA AUTHORS WRITING COMPETITION
All entries must be COMPLETE and LEGIBLE.
RESA Number 4

School District: Fulton County Schools

District Coordinator: Kelley Webb, Director of ELA
Email: webbk@fultonschools.org

Title of Student Work: ____________________________________________________________

Student Name: ___________________________ Grade: ______________

Parent/Guardian Name: ___________________________ Parent/Guardian Email: ___________________________

Student Home Address: __________________________________________________________

Street/P.O. Box City Zip

School: __________________________________________________________________________
School Phone: ___________________________

School Contact Email: __________________________________________________________

REQUIRED SIGNATURES

By signing below, I affirm this writing entry is my own original, unassisted work. This work has not been published online prior to or during this academic year. I agree to have my work entered into the Young Georgia Authors Writing Competition to represent my grade for my local school system.

__________________________________________________________ ______________________
Student Signature Date

By signing below, I affirm that I give my permission for the work of the above-named student author, for whom I am the parent/guardian, to be entered into the Young Georgia Authors Writing Competition, and for that work to be shared and/or published by the Georgia Department of Education and/or the Georgia Language Arts Supervisors for non-profit purposes.

__________________________________________________________ ______________________
Parent/Guardian Signature Date

By signing below, I affirm that I am a system level administrator and am coordinating the entry of all winning student work from this system for the Young Georgia Authors Competition. I affirm that the work of the above-named student author has been chosen to represent this system for the grade level indicated.

__________________________________________________________ ______________________
District Level Administrator Signature Date

* Unsigned or incomplete forms will cause the attached entry to be disqualified. Attach this completed form to the top of each student entry, along with one photocopy of the entry. Remove the student’s name and school from the entry itself. Label the top of each page of the entry with the student’s initials, grade level, and RESA number. Please make a copy of the entry before submitting. Entries will not be returned.