

MWRA SCHOOL CONTEST STUDENT LABEL

To be GLUED or TAPED only to the BACK of every entry

Student Label

Student's Name: _____ *Grade _____

*School: _____

*Address: _____

*City: _____ *Zip: _____

*Teacher Name: _____

*Teacher's Email: _____

Parent/Guardian Name (optional): _____

Parent/Guardian's Email (optional): _____

Student Label

Student's Name: _____ *Grade _____

*School: _____

*Address: _____

*City: _____ *Zip: _____

*Teacher Name: _____

*Teacher's Email: _____

Parent/Guardian Name (optional): _____

Parent/Guardian's Email (optional): _____

*** TEACHER MAY COMPLETE THESE BLANKS PRIOR TO COPYING**