



NO NAME-CALLING WEEK

www.nonamecallingweek.org

No Name-Calling Week Creative Expression Contest for Students
Student Information Form

Name: _____

School: _____ Grade and Age: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Name of teacher or other adult who told you about and/or helped you with your entry (if applicable):

That adult's contact information:

Phone: _____ E-Mail: _____

Parent or legal guardian signature: _____

Print Parent or legal guardian's Name: _____

Sponsor: GLSEN