SUBMISSION FORM

School Information

Name of School: .....

Teacher's Name: .....

Teacher's Email: .....

Group Information

Number of Students in the Group: ☐

Students' Names

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....

Project / Collage Details

Title of the Job / Project: .....

Teacher Confirmation

I confirm that the above students created and submitted this project for the contest. ☐

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