



Student Journal Submission Form

Student Information—

Student's Name: _____ Grade: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Submission Information—

Was this part of a school assignment? (Check one): Yes No

If yes, please explain: _____

School Information—

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

English Teacher's Name: _____

Teacher Email: _____

Permissions—

Student Signature (*certifies writing as student's own*):

_____ Date: _____

Parent/Guardian Signature (*grants MCTE and its affiliates permission to use student's paper*):

_____ Date: _____

By my signature, I agree to give MCTE and its affiliates permission to use the student's work for research and/or to publish or otherwise display the work in all print and electronic media along with the student's name, school, and location.

Please mail/email completed forms to:

Audrey Thornborrow
MCTE Student Journal
1119 Garden Brook Drive
Sauk Rapids, MN 56379
audrey.thornborrow@isd738.org