

Video Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **TEAM APPLICATION** | |  | | |
| School District | | School Name | | | |
| Mailing Address City, State, Zip | | City | | State | ZIP Code |

Wisconsin Department of Public Instruction

**WISCONSIN SCHOOL MEALS ROCK! STUDENT SCHOOL BREAKFAST VIDEO CONTEST**

PI-6027 (Rev. 12-17)

**INSTRUCTIONS**: Complete this form and submit with your video by **February 8, 2019**. Follow the instructions on the [Contest Rules and Submission Requirements](http://dpi.wi.gov/wisconsin-school-meals-rock/students) page regarding submission of this form and video.

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|  | **CORE TEAM MEMBERS** |  |

List the core team members for this project. Secure parent/guardian signature to give permission for student to appear in the video. If there are more than five members, you will have the ability to enter additional students on page 2.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Member 1 *First and Last Name* | Grade | | | May this student appear on camera?  Yes No | | Parent/Guardian *First & Last Name* | | | Parent/Guardian Signature   | |
| Team Member 2 *First and Last Name* | Grade | | | May this student appear on camera?  Yes No | | Parent/Guardian *First & Last Name* | | | Parent/Guardian Signature   | |
| Team Member 3 *First and Last Name* | Grade | | | May this student appear on camera?  Yes No | | Parent/Guardian *First & Last Name* | | | Parent/Guardian Signature   | |
| Team Member 4 *First and Last Name* | Grade | | | May this student appear on camera?  Yes No | | Parent/Guardian *First & Last Name* | | | Parent/Guardian Signature   | |
| Team Member 5 *First and Last Name* | Grade | | | May this student appear on camera?  Yes No | | Parent/Guardian *First & Last Name* | | | Parent/Guardian Signature   | |
|  | | | **ADULT CONTACT** | | | |  | | | |
| Adult Contact *First and Last Name* | | Adult Contact Email Address | | | | | Relation to Student Team Members | | | |
| Mailing Address City, State, Zip | | | | | City | | | State | | ZIP Code |
| Adult Contact Signature   | | | | | | | | | | Date Signed *Mo./Day/Yr.* |
|  | | | **PRINCIPAL AUTHORIZATION** | | | |  | | | |

**I HEREBY GIVE MY PERMISSION** for teachers and other adults employed by our school to appear in this video. Additionally, if this video is selected as a finalist, I will assist the Wisconsin Department of Public Instruction in its work of ensuring that any student appearing in an identifiable way has been granted permission to appear by their parent/guardian (alterations to the video may also be possible, to render a student’s likeness identifiable).

Name of Principal *First and Last Name*

Signature of Principal

Date Signed Mo./Day/Yr.

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|  | **ADDITIONAL STUDENTS** |  |

List all the additional students who appear in the video and the time marker where they appear. Tabbing from the last cell will allow additional rows / students to be entered.

|  |  |  |
| --- | --- | --- |
| **Student** *First and Last Name* | **Grade** | **Time Marker Location** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |