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Information will be used for
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COVERSHEET
2023-2024

YOUNG
Authors'
CONTEST 2024

| | |
|--|--|
| Student/Author's Name: *Must be included | Student's name as it should appear in the publication. |
| Student/Author's Pronouns (if applicable) | |
| Student/Author's Home Address: | (Street, city, state, zip) |
| Student/Author's Email Address: (if applicable) | |
| Student/Author's Home Phone: | |
| Parent's Email Address: *Must be included | |
| Teacher's Email Address: | @hcpss.org |
| School Name & Address: (Full Address with zip code) | Laurel Woods Elementary 9250 N. Laurel Rd. Laurel, MD 20723 |
| Grade: Teacher: (First & Last Name) | Grade: Mr./Mrs./Ms./Dr. (circle one) Valenta |
| Local SoMLA Chapter: *Must be included | Howard County Literacy Association |
| Title of Entry: | Title: ?????? <i>Circle one:</i> POEM (P) SHORT STORY (SS) |

Parent Permission

I, _____, verify that the submitted work is entirely original and was produced

Print First and Last Name

without the use of any artificial intelligence tools or assistance. The content reflects my own thoughts, ideas, and writing skills, and I can affirm that no automated systems or algorithms were involved in its creation. I take full responsibility for the authenticity and integrity of the work, ensuring that it is free from any AI-generated or pre-existing content. Plus, you give SoMLA and local SoMLA chapter representatives the authorization to publicize my child's name and reproduce his/her work in an anthology of writing in the event (s)he becomes a local/state winner.

Parent Signature: _____ **Date:** _____