ONTARIO ENGLISH
Catholic Teachers
ASSOCIATION

Teachers are invited to encourage their students to participate in the

YOUNG AUTHORS AWARDS

PRIX JEUNES ÉCRIVAINS



THIS FORM MUST BE ATTACHED TO EACH ENTRY.
Please Print Clearly (except for authorizing signatures)

Be sure to include an email address at which the teacher and school representative can be reached.

AUTHOR (print first and last name)

SCHOOL

SCHOOL ADDRESS

CITY POSTAL CODE

SCHOOL TELEPHONE SCHOOL FAX

PRINCIPAL (print first and last name) EMAIL

TEACHER (print first and last name) EMAIL

☐ *I certify that this student's work was created without the use of Artificial Intelligence.*

TEACHER'S AUTHORIZATION SIGNATURE

LANGUAGE (check one) English French

DIVISIONS (check one)	**CATEGORIES** (check one)
◉ **JK and SK**	☐ Short Story ☐ Poem ☐ Nonfiction (e.g. reflection or report)
○ **Grades 1-2**	☐ Short Story ☐ Poem ☐ Nonfiction (e.g. reflection or report)
○ **Grades 3-4**	☐ Short Story ☐ Poem ☐ Nonfiction (e.g. reflection or report)
○ **Grades 5-6**	☐ Short Story ☐ Poem ☐ Play ☐ Nonfiction (e.g. reflection or report)
○ **Grades 7-8**	☐ Short Story ☐ Poem ☐ Play ☐ Nonfiction (e.g. essay or report)
○ **Grades 9-10**	☐ Short Story ☐ Poem ☐ Play ☐ Nonfiction (e.g. essay, article or report)
○ **Grades 11-12**	☐ Short Story ☐ Poem ☐ Play ☐ Nonfiction (e.g. essay, article or report)

OECTA SCHOOL REPRESENTATIVE NAME SIGNATURE

OECTA SCHOOL REP EMAIL UNIT

UNIT PRESIDENT OR DESIGNATES AUTHORIZING SIGNATURE