CCSD
CLARK COUNTY
SCHOOL DISTRICT

STUDENT VIDEO CONTEST SUBMISSION FORM

(Please Include Same Information on Video Title Screen and/or Slate)

Student's Full Name:_____

Grade Level:_____

School Name:_____

Teacher/Advisor Name:_____

Category:
- ☐ Literacy
- ☐ Student Safety/Bullying
- ☐ Zoom Schools
- ☐ Eliminating Achievement Gaps
- ☐ Family/Community
- ☐ Diversity
- ☐ Graduation
- ☐ Preparing for the Future

Video Title:_____

List All Students in Video (Print Full Name and Grade, Attach Separate Sheet If Needed):