

School Name and City		Lab Use - Do Not Write in this Space
Order Number	Retake Number	
	Add'l Retake Number	

<p><b>When to Print</b></p> <input type="checkbox"/> Print on First Shoot <input type="checkbox"/> Hold for Retakes <input type="checkbox"/> Do not send proofs <input type="checkbox"/> Send Proofs <p><b>How to Deliver</b></p> <input type="checkbox"/> Insert in Packs <input type="checkbox"/> Individually Packaged <input type="checkbox"/> Ship to Photographer <input type="checkbox"/> Ship to School	<p><b>Size</b></p> <input type="checkbox"/> 5x7 <input type="checkbox"/> 6x8 <input type="checkbox"/> 8x10 <p><b>Use Names</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes* <p><small>*If you are ordering a staff composite <b>and</b> choosing to use names as captions, you must also enclose Form UC-2 Part C</small></p>	<p><b>Principal's Album</b></p> <input type="checkbox"/> No    Quantity _____ <input type="checkbox"/> Yes <p><b>Staff Composite</b></p> <input type="checkbox"/> No    Quantity _____ <input type="checkbox"/> Yes	<p><b>Background Choices</b></p> <input type="checkbox"/> Blue <input type="checkbox"/> Marble <input type="checkbox"/> Red <input type="checkbox"/> Marble w/Cross <input type="checkbox"/> Green <input type="checkbox"/> Sky <input type="checkbox"/> Teal <input type="checkbox"/> Sea <input type="checkbox"/> White <input type="checkbox"/> Earth <input type="checkbox"/> Space <input type="checkbox"/> U.S. <input type="checkbox"/> Flag <input type="checkbox"/> Multicolor <input type="checkbox"/> Other
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**Common Titling for all Composites**  
 Enter the information exactly as you wish it to appear in the Title Block on all composites. Please print legibly. If an administrative staff member's photo is to appear on all composites, please check the correct box and indicate the order in which it should appear by writing a number in the block at the right.

Line 1	School Name	ex: Longview High School		
Line 2	City, State	ex: Longview, Tx.		
Line 3	Year	ex: 2000 - 2001		
Line 4	Admin. Staff	ex: Mr. Bob Jones, Principal	Include Photo on Composites? <input type="checkbox"/> Yes <input type="checkbox"/> No	Order to Appear
Line 5	Admin. Staff	ex: Mrs. Sue McDonald, Vice-Principal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Line 6	Admin. Staff	ex: Mr. Vince de la Garza, Superintendent	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Special Instructions**

# CLASSROOM COMPOSITE WORKSHEET Form UC-2 - Part B

Instructions: Each section represents a single classroom composite. The information provided in each section determines what will be added to the common titling block, the grade and teacher names and which staff photos to include at the top of this composite. Print legibly and carefully check the appropriate choices.

		# Comps Only Purchased	Extra Comps Inc. Album & Dealer Copies	Total Comps Required
Composite # _____	Homeroom/Grade: (i.e., 1st Grade, Grade 1) <input type="checkbox"/> Combine Teacher Names (2 per line)			
Teacher: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		
Other: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		
Other: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		
Other: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		
Other: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		
Other: (name & title if desired)	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Include Name in Title <input type="checkbox"/> Include Photo on Composite		

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If your image is to appear only on the staff composite and not with any other class, please print your full name and form of address below.

	<b>First Name</b>	<b>Last Name</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		
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<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Fr. <input type="checkbox"/> Miss <input type="checkbox"/> Sr. <input type="checkbox"/> Ms.		