

STUDENT ELECTION ASSISTANT APPLICATION - FORSYTH COUNTY

I. Contact Information (Please print or type)

Name _____ Date of Birth ____/____/____
Physical Address _____
Mailing Address _____
Phone (____) _____ - _____ Email _____

II. Eligibility/ Certification (You must answer each question and sign below.)

I certify that I am:

	<u>Yes</u>	<u>No</u>
17 years of age at the time of the election or primary for which I am applying.	<input type="checkbox"/>	<input type="checkbox"/>
a United States citizen.	<input type="checkbox"/>	<input type="checkbox"/>
a resident of Forsyth County.	<input type="checkbox"/>	<input type="checkbox"/>
enrolled in a secondary education institution, including a home school as defined by GS 115C563(a), with an exemplary academic record as determined by the institution	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "no" to any of the above questions, you do not qualify.

I certify that I have read and understand the guidelines of the Student Election Assistant program, that I will follow them to the best of my abilities, and that the information provided above is correct.

Student Signature _____ Date _____

III. Enrollment/Academic Status Verification

Name of Principal/Director or Home School Educator _____

School Name _____

School Address _____

Daytime phone (____) _____ - _____ Email _____

Signature _____

By my signature above, I am recommending this student to be a student election assistant and certify that they are enrolled and have an exemplary academic record as defined by this institution.

IV. Parental permission

Check one: Parent Legal Custodian Guardian

Name _____

Address _____

Daytime phone (____) _____ - _____ Email _____

Signature _____

By my signature above, I am consenting for this student to be a student election assistant.