Student Election Clerk Application and Permission Form

Name of Student	Date of Birth	
Home Address	Telephone Number	
School Attending	Election Date	
Student Affidavit: By signin	g this application, I acknowledge the following:	
 I am interested in working the following 	g election(s)(election date).	
 I am/will be at least 16 years of age on 		
I am currently enrolled at(name of school).		
 I am a United States citizen. 		
 I will complete the required training co 		
	rom my school office for Election Day. I will promptly notify the an excused absence. It is my responsibility to collect and ats for the day.	
(Signature of student)	(date)	
(Signature of parent/legal guardian	(Date)	
(Print name)	(Telephone number)	
School Principal Permission:		
This is to certify that the student named above is cuschool)	rrently enrolled at (name of	
and has my consent to serve as an election clerk on	(date).	
(Signature of Principal)	(Date)	
(Print name)	(Telephone number)	
(Home-schooled students must have the Parent/Le guardian responsible for their education.)	gal Guardian Permission section completed by the parent/legal	

Send the completed form to your local election's office conducting the election for which you wish to serve (Elections Administrator, City Secretary, School Superintendent, Etc.). For more information about elections, go to the Secretary of State's website @ www.sos.state.tx.us.