

Mail completed form to:  
Registrar of Voters  
P.O. Box 11298  
Santa Ana, CA 92705  
Att: Election Services

Parent/Guardian Permission and Notification Form

Student Poll Worker  
Registrar of Voters

You may also FAX the  
completed form to:

714-567-7556  
Att: Election Services

Voluntary Off-Campus Election Activity

The purpose of this form is to inform you, as a parent/guardian of a voluntary off-campus activity that will take place and to secure your authorization enabling your son/daughter to participate in this activity.

**Please Print All Information**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Area Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Other than English, do you speak another language: No \_\_\_\_\_ Yes \_\_\_\_\_ If **yes**, which language: \_\_\_\_\_

**Event**

Date of Election: **November 7, 2006** Starting time: **6:00 a.m.** Ending time: **Approx. 9:00 p.m.**

Nature of Field Activity: **Serve as Board Member on Election Day at a polling place in Orange County.**

Destination: **Polling Place (Exact location in Orange County to be specified at a later date).**

Dress: **Casual business attire** Provision for meals: **Meals are not provided**

**For additional program information call: 714-567-7575**

**School Official Verification**

GPA: \_\_\_\_\_ High School Senior? Yes \_\_\_\_\_ No \_\_\_\_\_

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty member/sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Administrative approval: \_\_\_\_\_  
*Signature*

**Parent/Guardian Permission**

I have reviewed and understand the conditions of the voluntary off-campus activity described and give my consent for my son/daughter to participate. I understand the location of this off-campus activity will be at a polling place within our city or nearby.

**Method of transportation: Parent to provide: \_\_\_\_\_ Student \_\_\_\_\_** (Students who are permitted to drive shall not transport other students.)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_