

# STUDENT ELECTION PAGE APPLICATION

## General & Special Elections

### November 2, 2021

**Deadline: Friday, October 1, 2021**

To avoid processing delays, complete the PDF online, and then print to collect signatures.  
The application may be faxed, mailed, hand-delivered, or sent by your teacher through inter-office mail.

Full Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email (required) \_\_\_\_\_  
**VERY IMPORTANT!! Emails will be sent from Virginia Beach Voter Registration & Elections 7575000904@easyvotemessaging.com**

High School \_\_\_\_\_ Government Teacher \_\_\_\_\_

Are you or will you be a registered voter on Election Day?  Yes  No

Polling location assignment requests \_\_\_\_\_

**Preferred Election Day Shift** (choose1)  5:00am – 1:00pm  1:00pm – 9:00pm  Either time

**Training Dates** (choose1)  October 20<sup>th</sup> 6pm - 7pm  October 23<sup>rd</sup> 1pm - 2pm

**Training Location** Virginia Beach Convention Center 1000 19<sup>th</sup> Street

#### **Student Agreement**

- I understand that I am required to attend ONE (1) of the training classes offered to be eligible to participate in the Student Election Page program.
- I understand that I may not leave my assigned polling place during my shift on Election Day.
- I understand that I may not be assigned in or near my home precinct and will provide my own transportation.
- I understand that only two student election pages will be assigned per shift to each polling location.

**Student Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Parent/Guardian Agreement/Approval**

- I have reviewed the Information for Student Election Pages and understand the terms and requirements therein.
- I authorize that my son/daughter \_\_\_\_\_ may participate in the Student Election Page program on November 2, 2021.

**Parent Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Government Teacher/Coordinator Recommendation**

I recommend this student for participation in the program.

**Teacher Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Print Teacher's first and last name

\_\_\_\_\_  
Print email address of teacher