

VOTER REGISTRATION FORM

SCHOOL DISTRICT USE ONLY

(Please PRINT Legibly)

Last Name First Name Initial (Jr./Sr., etc.) Gender
M / F Date of Birth
(mm/dd/yyyy)

ADDRESS:

Number, Street Name, Apt.#

City (Town), State, Zip Code

GENERAL QUALIFICATIONS:

I swear or affirm:

I am a citizen of the United States.

I am (or will be) 18 years old or more on the date of the election.

I have lived in this School District for at least 30 days before this election.

This is my signature or mark on the line below; above information is true.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE USE ONLY

Signature of Person Checking Registrant's ID: _____

ID Used to Verify Data Listed _____

This is a Student of our District who will be 18 on date of vote