

**STUDENT ELECTION ASSISTANT APPLICATION - CARTERET 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 Carteret 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.*

