

Student Election Judge Permission Slip

April 8, 2025 General Municipal Election

Student Name

Please print your name.

1

First name _____ Middle name _____

Last name _____

Student Address

Please print your home address.

2

Address _____

City _____ State ____ Zip _____

Student Information

Please provide your telephone number, email, birth date, grade, age, compensation, and how you heard about the program.

3

Phone _____ Email _____

Date of birth (*mm/dd/yyyy*) _____ Grade _____

Age _____

Check this box if you wish to receive community service hours instead of pay.
(*15-year-olds can only receive community service hours*)

How did you hear about the Student Election Judge program? (*ex: website, social media, class, etc.*)

Parent/Guardian Information

Please provide contact information for a parent or guardian.

4

Full name _____

Email _____

Phone _____

Student and Parent/Guardian Signatures

Required
Please sign to certify this statement is true.

5

Student, sign and date here (Required) **Date (mm/dd/yyyy)**

X		
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Parent/Guardian, sign and date here (Required) **Date (mm/dd/yyyy)**

X		
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I give permission for my student to participate as a Student Election Judge.
I also give permission for the student's photograph to be taken during their work assignment at a polling place to be used for publicity and/or training purposes.

School Official Signature

Required
Please sign to certify this statement is true.
(i.e. principal, asst. principal, counselor)

6

I, _____, with _____
(School official name) *(School name)*

give permission for the above student to participate as a Student Election Judge.

School official, sign and date here (Required) **Date (mm/dd/yyyy)**

X		
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Email _____

Return form:

BY EMAIL - highschoolprogram@stlouiscountymo.gov

IN PERSON or **BY MAIL** to High School Program, 725 Northwest Plaza Drive, St. Ann, MO 63074

For more information, visit www.stlouiscountymovotes.gov, or call 314.615.1858 / RelayMO711 or 800.735.2966