



The National Student/Parent Mock Election Enrollment
Form
Enrollment Form for Individuals, Schools, and School Districts

NOTE: It is important to answer all the questions on this form. Thank you for your help.

Your name _____

E-mail address _____

Alternate e-mail address _____

ESSENTIAL INFORMATION: I will be participating in the NSPME primarily as a:

- Classroom teacher conducting a mock election
- School mock election coordinator
- District mock election coordinator
- Home School
- Other _____

My work telephone: Area Code _____ # _____ Ext. _____

My work fax: Area Code _____ # _____

My work mailing address _____

My work street address _____ (If different from above)

City _____ State ____ Zip _____

Please be sure to fill out the following as they apply to you and your role in the NSPME 2008 to the best of your knowledge.

Name of your school _____

Name of your principal _____

Name of your school district _____

School City _____ School State _____ School Zip _____ School County _____

Name of superintendent _____

Name/Title of school coordinator _____

Name/Title of district coordinator _____

My home telephone (optional): Area Code _____ # _____

Estimate, if you can, how many of your students are likely to vote in the mock election? _____

Where did you hear about the National Student/Parent Mock Election? _____

***If you prefer to receive information at home, please add your home contact information.**

Home Contact: _____

**Mail to: National Student/Parent Mock Election, P.O. Box 36653, Tucson, AZ 85740
Fax: (520) 742-3553 or enroll on the Web at: <http://www.nationalmockelection.org>**