



Democracy 101

New Jersey Student/Parent Mock Election

School Enrollment Form

To participate in the 2008 Student/Parent Mock Election, print this form, type or print clearly all of the information requested and mail it to the New Jersey Mock Election coordinator at the address below.

There is no charge to enroll your school. Your school's only commitment is to receive the ballot, print and distribute it to your students and report the results from your school before 3 p.m., Thursday, October 30.

Your school's Mock Election coordinator will be sent via E-mail an ID and password to report your results online. Questions? See www.njmockelection.org.

School Name _____

School Mock Election Coordinator _____

Title of Mock Election Coordinator _____

Coordinator's E-Mail Address _____

Coordinator Phone _____ Backup Phone _____

School Mailing Address _____

School City _____ State **N.J.** ZIP _____

New Jersey County Where School Is Located _____

N.J. Congressional District Where School Is Located _____

Estimated Number of Students Who Will Vote In Your School _____

Mail this form to:

**N.J. Mock Election Coordinator
New Jersey Press Foundation, Suite 305
840 Bear Tavern Road
West Trenton, NJ 08628-1019**

