



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

Your name _____

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
- Other _____

My work telephone: (____) ____ - ____ Ext. ____

My work mailing address _____

My work street address _____ (If different from above)

City _____ State ____ Zip _____

Fill out the following as they apply to you and your role in NSPME 2008 to the best of your knowledge.

Name of your school _____

Name of your principal _____

Name of your school district _____

City _____ State ____ Zip _____

Number of Congressional district (if known) _____

Name of your superintendent _____

Name/Title of your school coordinator _____

Name/Title of your district coordinator _____

My home telephone (optional): (____) ____ - ____ My home e-mail (optional): _____

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

**Attach to your email and send to nspme@aol.com or
Fax or mail to: National Student/Parent Mock Election
P.O. Box 36653, Tucson, AZ 85740 Fax: (520) 742-3553**