



**Student Vote 2008
Delaware Student/Parent Mock Election
Mock Voter Registration Application**

Confirm your personal information

Last Name:		First Name:		Middle Name(s):	
Home Address:			City/Town:		State:
Zip Code:	Age:	Date of Birth (mm/dd/yyyy): / /			Grade:
School Name:			School District:		
Homeroom teacher:			Social Studies Teacher:		
With which political party do you wish to register for the purpose of the 2008 Delaware Student Parent Mock Election? (check one) Democratic ___ Republican ___ Independent ___			I have reviewed my state's instructions and I affirm that ▪ I am a student in Delaware <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p align="center">Please sign and date above (mm/dd/yyyy)</p>		

Important: Failure to provide signature and date will result in the form's rejection.