

Parent/Guardian Consent Form

Student Name:	Student Date of Birth:
Parent/Guardian Name:	
Home Address:	
Student Phone Number:	Parent/Guardian Phone Number:
Student Email:	Parent Guardian Email:
I (Parent/Guardian)	, grant permission for my child (Student)
	to work as a Poll Worker through the Student LEAP
	e under the guidance and direction of employees from the Monroe County
As parent and/or legal guardian, I reminor participant.	nain legally responsible for any personal actions taken by the above name
I attest that the student is at least 17 y worker's permit, and is or will become	years old, enrolled in their respective school district, has or will obtain a ne a pre-registered voter.
I understand that as parent and/or leg the required training and their assigne	al guardian, I will be responsible for transporting the student to and from ed polling site on Election Day.
Inspector Trainings at the Board of E	I herein, that I understand the student must attend one of the Election elections Training and Service Center, located at 2595 Brighton Henrietta ent to work on Election Day. I am further agreeing that the student is ection Day.
Signature of Parent/Guardian:	Date: