



**STUDENT JUDGE PROJECT  
PARENT/GUARDIAN CONSENT FORM  
November Election 2008**

I am the parent/guardian of \_\_\_\_\_ (child's name). I understand that my child has been selected to participate in the Mikva Challenge Student Judge Project. This program involves students directly in the electoral process, as your child will be paid to serve as an election judge on **Election Day (November 04, 2008) from 5 am to 8 pm.** He/she will also attend a paid training provided by the Board of Elections that will take place outside of school in the downtown area in January. I give permission for my child to participate and be interviewed and videotaped on their experience in the Project by Mikva Challenge and/or the media. Also, I give permission for a photograph of my child to be used in promoting and documenting this Project.

**I authorize my child to participate in the Student Judge Project:  
(Please print legibly all information)**

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Print name of a parent or guardian:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Evening) \_\_\_\_\_

**If the above adult cannot be reached, please contact:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Evening) \_\_\_\_\_

**The following describes any medical condition of which the Mikva Challenge should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Student Address/Information:**

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_