



**SCHOOL COUNCIL ELECTION**  
**APPLICATION AND OATH OF A QUALIFIED ELECTOR FOR MAIL-IN BALLOT**  
**FOR A SCHOOL ESTABLISHED ON THE BASIS OF RELIGION**

<b>I AM APPLYING FOR A BALLOT:</b>	<input type="checkbox"/> from a Returning Officer <input type="checkbox"/> at Elections Yukon HQ <input type="checkbox"/> to be mailed out to me	<b>NAME OF SCHOOL:</b>	
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<b>ELECTOR NAME</b>	Last Name	First Name	Middle Name		
<b>RESIDENTIAL ADDRESS</b>	Number	Street Name (civic address)	Unit	City/Town/Village YT	Postal Code
<b>ADDRESS TO MAIL BALLOT</b> (Same as above) <input type="checkbox"/>	Number	Street Name or P.O. Box	Unit	City/Town/Village and Province/Territory	Postal Code

**OATH OF QUALIFICATION (COMPLETE 3 SECTIONS)**

<b>I declare that I am a qualified elector and entitled to receive a ballot for the above-mentioned school.</b>	
<b>1. Verify all eligibility conditions are met.</b> <b>As of May 02, 2022:</b> <input type="checkbox"/> I am a Canadian citizen; and <input type="checkbox"/> I am 18 years of age or older; and <input type="checkbox"/> I have not previously voted in this election for this school attendance area	<b>2. Select one or more as basis of elector eligibility:</b> <input type="checkbox"/> <b>Attendance:</b> I am a parent* of a student attending this school <input type="checkbox"/> <b>Residency:</b> As of May 02, 2022 I have been a resident of this school attendance area** for at least three months <u>AND</u> I am a registered member of Sacred Heart Cathedral parish or Our Lady of Victory parish <input type="checkbox"/> <b>Letter:</b> I have written approval from the Bishop of the Episcopal Corporation of the Diocese of Whitehorse
<b>* Parent</b> means biological parent, adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child. <b>** Attendance Area</b> means the geographical area designated by the Minister for each school committee or council.	
<b>3. I certify that this information is to the best of my knowledge true and correct.</b>	
Signature of Registrant	Date

<b>THIS SPACE FOR ELECTION YUKON USE ONLY</b> <i>By signing below, the Election Official affirms they have witnessed the registrant's signature or viewed their identification.</i>		
Signature of Election Official	Title of Election Official	Date
<b>Privacy Statement:</b> The information on this form is collected under the authority of the Yukon <i>Education Act</i> . It will only be used for electoral purposes. Questions can be directed to Elections Yukon online, at <a href="mailto:info@electionsyukon.ca">info@electionsyukon.ca</a> or (867) 667-8683/(866) 668-8683 (toll-free).		

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