



## SCHOOL COUNCIL ELECTION

### APPLICATION AND OATH OF A QUALIFIED ELECTOR FOR A MAIL-IN BALLOT

#### APPLICATION INFORMATION

Application type ☐ from a Returning Officer  
☐ to be mailed out to me

Attendance area (school) \_\_\_\_\_

#### ELECTOR INFORMATION

Elector name

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

Address of residence

\_\_\_\_\_ Civic address (street number, street name, unit #)

\_\_\_\_\_ Community

\_\_\_\_\_ Postal Code

Mailing address

☐ same as above

\_\_\_\_\_ Mailing address

\_\_\_\_\_ City/Town

\_\_\_\_\_ Postal Code

#### OATH OF ELECTOR QUALIFICATIONS

I declare that I am a Canadian citizen, at least 18 years of age, have not already voted in this election for this attendance area, and my qualification as an elector in this election is/are *(select all that apply)*

☐ Residency: I have been a resident in the attendance area of the above-named school for at least three months

AND/OR

☐ Attendance: I am a parent\* (or guardian) of a student attending the above-named school

\* Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.

\_\_\_\_\_ Signature of elector

\_\_\_\_\_ Date

#### APPLICATION APPROVAL (this space for Elections Yukon use only)

In approving this application, I affirm that I have witnessed the applicant's signature or viewed their identification.

\_\_\_\_\_ Signature of election official

\_\_\_\_\_ Title of election official

\_\_\_\_\_ Date

**Privacy statement:** The information on this form is collected under the authority of the Yukon *Education Act*.

Questions can be directed to Elections Yukon by emailing [info@electionsyukon.ca](mailto:info@electionsyukon.ca) or calling [867-667-8683](tel:867-667-8683) / [1-866 668-8683](tel:1-866-668-8683) (toll-free).

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