2020 Maryland General Assembly Student Page Application Form

DIRECTIONS: 1. Type sections that can be filled in. **2.** Print out. **3.** Hand write signatures and dates. **4.** Submit application, as well as any additional application material required by your county, to your school's Page Program contact person by the **due date** set by the county page coordinator. For more information, contact your county's page coordinator or Dr. Tawana Offer, Maryland General Assembly Page Coordinator, at 410-946-5125 or Tawana.Offer@mlis.state.md.us

1. **Name:** **Age:**

2. **Date of Birth (Month/Day/Year):** / / **Sex (M/F):**

3. **Home Address:**

   City: **State:** **Zip Code:**

   Student Cell Phone: - **Parent Phone:** -

   Student Email: **Parent Email:**

4. **High School Name:**

   County School System:

5. I hereby state that I am a 12th grade student at the school identified above and will graduate in June 2020. I promise to abide by all rules and regulations established by the Page Supervisors and understand that I could be dismissed from the program if I do not do so.

   _____ _____

   Date **Student's Signature (hand written)**

6. **Parent/Guardian Permission for Participation**

   If selected by the School System Selection Committee, my son/daughter has my permission to participate in the Student Page Program for the Maryland General Assembly. I am aware that this will involve his/her being away from school and in Annapolis for two one-week periods during the legislative session. I also understand that students will be supervised only during working hours within the State House Complex. The Page Supervisors and members/staff of the Maryland General Assembly and the state and local school systems are not responsible for the participants outside actual working hours. In addition, hosts of the homes in which Pages and alternates reside during their stay in Annapolis are not responsible for the welfare of the Pages and Alternates beyond the provision of lodging.

   _____ _____

   Date **Parent's/Guardian's Signature (hand written)**

7. **Parental Permission for Release of Name/School to the Press and/or use of image on promotional materials, including, but not limited to posters and website content. Please check:** ☐ YES ☐ NO

   _____ _____

   Date **Parent's/Guardian's Signature**

8. **Exams:** We do not knowingly schedule Pages during their exams week. Please designate the week(s) your school will hold exams if it falls during the months of January-April.

   Exam Week(s): **Does Not Apply:** ☐

NOTE: Additional application material may be required by your county.