** APPLICATION TO BE AN ELECTION JUDGE **

NAME: _____

ADDRESS: _____

P.O. BOX: _____ APT: _____

CITY: _____ ZIP: _____

PHONE #: _____
(Required)

HIGH SCHOOL YOU CURRENTLY ATTEND:
(Circle One)

Full Armor Christian Academy	Flora High School	North Clay High School	Clay City High School

GRADE YOU ARE IN:
(Circle One)

Junior Class Senior Class

The signatures below nominate this student to participate in the Student Judge Election Program. We certify that he/she is a High School student with a B grade point average or above and has good standing with the school. We approve this student's absence on Tuesday, March 17, 2026.

_____
(Principal/Superintendent Signature) (Date)

I understand that I must attend the training courses and abide by all rules of the State of Illinois and the Clay County Clerk's Office.

_____
(Student Signature) (Date)

_____
(Parent/Guardian Signature) (Date)

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