

THE REGIONAL AUTHORITY OF \_\_\_\_\_

FRANCOPHONE EDUCATION REGION NO. \_\_\_\_\_, PROVINCE OF ALBERTA

ELECTION DATE: \_\_\_\_\_

VOTING SUBDIVISION OR WARD (If Applicable): \_\_\_\_\_

VOTING STATION: \_\_\_\_\_

**STATEMENT OF ELECTOR ELIGIBILITY**

I, \_\_\_\_\_ of \_\_\_\_\_  
(name of elector) (street address or legal land description, mailing address and postal code)

am eligible to vote at the above mentioned election because:

- I have not voted before in this election;
- I am a Francophone;
- I am 18 years of age or older;
- I am a Canadian citizen;
- I have resided in Alberta for the 6 consecutive months immediately preceding Election Day.

And at least one of the following criteria is applicable:

- I have a child enrolled in a school operated by the above noted Regional authority;
- I am an individual who was enrolled as a student in a school operated by a Regional authority and received an Alberta High School Diploma or Certificate from a Regional authority; and/or
- I am the biological or adoptive parent of an individual who was enrolled as a student in a school operated by a Regional authority and that individual received an Alberta High School Diploma or Certificate from a Regional authority.

I am eligible to vote for (Check [] One):

- A Francophone Separate School member
- A Francophone Public School member

\_\_\_\_\_  
(Signature of Elector)

**IT IS AN OFFENCE TO SIGN A FALSE STATEMENT**

**DEPUTY RETURNING OFFICER**

**VOTER NUMBER:** \_\_\_\_\_

- Identification shown (if applicable)

**BALLOTS ISSUED TO ELECTOR** (Check [] One):

- A Francophone Separate School member
- A Francophone Public School member
- Bylaw or Question

<b>OBJECTION TO PERSON VOTING</b>	Name of Candidate/Official Agent/Scrutineer/Returning Officer Making Objection:	Deputy's Initials:
	Reason for Objection:	
<b>INCAPACITATED ELECTOR</b>	Ballot for Incapacitated Elector Was Marked By Another Person: (Check [ <input checked="" type="checkbox"/> ]) <input type="checkbox"/>	
	Reason:	

**NOTE :**

The personal information that is being collected under the authority of the *Local Authorities Election Act* and the *School Act* will be used for the purposes under those Acts. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection, contact

\_\_\_\_\_  
(title and business phone number of the responsible official)