



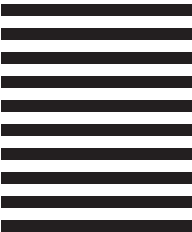
Checklist for Non-Citizen Voter Registration
San Francisco School Board Election, November 5, 2019

AVVISO IMPORTANTE PER CITTADINI NON STATUNITENSIS

Tutte le informazioni che voi fornite al Dipartimento delle Elezioni, compreso il vostro nome e indirizzo, possono essere ottenute dall'Ufficio Immigrazione Dogana (Immigration and Customs Enforcement, ICE) e da altre agenzie, organizzazioni e soggetti privati. Inoltre, se fate richiesta di naturalizzazione, vi verrà chiesto se vi siete mai registrati o avete votato in occasione di elezioni federali, statali o locali negli Stati Uniti. Prima di fornire informazioni personali al Dipartimento delle Elezioni e prima di registrarvi per votare alle elezioni del Dipartimento Scolastico della Florida, potreste voler consultare un avvocato specializzato in immigrazione, un'organizzazione impegnata nella protezione dei diritti degli immigrati, o un'altra fonte esperta. Potete trovare un elenco di organizzazioni non profit specializzati nella protezione dei diritti degli immigrati su sfelections.org.



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DEPARTMENT OF ELECTIONS
CITY AND COUNTY OF SAN FRANCISCO
1 DR. CARLTON B. GOODLETT PLACE, ROOM 48
SAN FRANCISCO, CA 94102-9581



Can you use the Non-Citizen Voter Registration Form to register to vote in the School Board election on November 5, 2019?

ALL of the statements below must be true:

- I am not a United States citizen
- I live in San Francisco
- I do not plan to move before November 5, 2019
- I am the parent, or legal guardian or caregiver*, of a child under 19 who lives in San Francisco
- I will be at least 18 years old on November 5, 2019
- I am not in prison or on parole for a felony
- I have not been found mentally incompetent to vote by a court

*A caregiver is someone who signs the affidavit to enroll a minor in school and consents to school-related medical care on behalf of the minor. This is determined by state law, in CA Family Code §6550-6552.

Registering to vote with the Non-Citizen Voter Registration Form does not permit you to vote in any other federal, state, or local elections.

If someone helped you fill out or deliver the Non-Citizen Voter Registration Form, the person who helped must provide the following information:

Signature _____

Date _____

Name, address, and telephone

Organization name and telephone (if any)





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San Francisco School Board Election, November 5, 2019

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INSTRUCTIONS

- In **Section A**, review eligibility requirements and complete fields. Please print clearly and in English.
- In **Section B**, affirm under penalty of perjury that you are eligible to vote in the School Board election and that all information is true and correct. Sign and date.
- Return this form by October 21, 2019.** You can mail the form or bring it to the Department's office in City Hall, Room 48. To mail the form, fold it to connect the red triangles on the left, and then connect the blue dots. Use tape to seal.
After October 21, you can register and vote at the City Hall Voting Center.

Once the form is processed, the Department will mail you a Notification Letter to confirm your registration. If you do not receive the letter within two weeks, call (415) 554-4375.

A Eligibility Requirements: I am not a United States citizen; I live in San Francisco; I do not plan to move before November 5, 2019; I will be at least 18 years old on November 5, 2019; I am the parent, legal guardian, or legally recognized caregiver of a child who currently lives in San Francisco and will be under the age of 19 on Election Day, November 5, 2019; I am not in state or federal prison or on parole for a felony; I have not been found mentally incompetent to vote by a court.

First Name

Middle Name

Last Name (may include suffix, such as Jr., Sr., III)

Birth Date: Month / Day / Year

M	M		D	D	Y	Y	Y	Y
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Home address (where you live; cannot be a P.O. box)

Apt or unit #

City

S	A	N		F	R	A	N	C	I	S	C	O
---	---	---	--	---	---	---	---	---	---	---	---	---

State

C	A	L	I	F	O	R	N	I	A
---	---	---	---	---	---	---	---	---	---

Zip

Mailing Address, if different from Home Address above (can be a P.O. box)

City

State


Zip

If you want to get your ballot by mail, initial here _____. If initialed, you will get your ballot by mail approximately three weeks before the election.

Email (optional)

Phone number (optional)

Country of birth (optional)

B  I affirm, under penalty of perjury, that I have read, understand and meet all the eligibility requirements to register to vote in the School Board election on November 5, 2019. I further affirm that the information on this form is true and correct. I understand that I can vote ONLY in the School Board election on November 5, 2019.

Signature _____

Date _____

Fold Here