



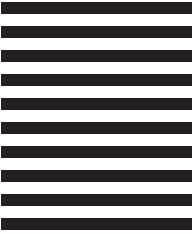
Checklist for Non-Citizen Voter Registration
San Francisco School Board Election, November 6, 2018

非米国国民の方々への重要なお知らせ あな

たが選挙局 (Department of Elections) に提供する情報は、あなたの名前と住所を含め何でも、移民・関税執行局 (Immigration and Customs Enforcement 略してICE) およびその他の機関、団体および個人が得ることができます。さらに、帰化の申請をする場合は、米国においての連邦、州または地方の選挙で、かつて登録または投票したことがあったかと訊かれます。いかなる個人的な情報でも選挙局 (Department of Elections) に提供する前に、そしてサンフランシスコ教育委員会選挙 (San Francisco Board of Education Elections) で投票するための登録をする前に、移民弁護士、移民の権利を保護する団体、またはその他、その知識のある人に相談することが望ましいでしょう。移民の権利保護に特化した非営利団体のリストは sfelections.org に載っています。



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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 6, 2018?

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 6, 2018
- 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 6, 2018
- 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)





Non-Citizen Voter Registration Form
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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 22, 2018.** 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 22, 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 6, 2018; I will be at least 18 years old on November 6, 2018; 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 6, 2018; 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

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Middle Name

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Birth Date: Month / Day / Year

M	M		D	D		Y	Y	Y	Y
---	---	--	---	---	--	---	---	---	---

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 6, 2018. 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 6, 2018.

Signature _____

Date _____

Fold Here