



Oregon Legislative Page Program

Student Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Age: _____ Grade: _____ GPA: _____

School Name: _____

City: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

E-mail: _____

Emergency Contact: (If different from Parent/Guardian)

Name: _____

Relationship: _____ Phone: _____

Dates:

Specific calendar dates preferred for Capitol Visit, Please circle which week you wish to participate in the 202 Legislative Page Program.

February 17-21

February 24-28

Please carefully check your school calendar, family calendar, and athletic/activity schedules as page spots fill quickly. If you choose to participate, you will be required to stay the entire week. The program does not accept late arrival or early departure.

Who are your Sponsoring (State) Senator and Representative:

Senator: _____

Representative: _____

If you are not sure who your state representative is, visit the Oregon Legislature website to find out: www.oregonlegislature.gov (see "Find Your District and Legislators" on the main page)

The OLEOO Director will send out an Email confirmation of the date and time of your visit. I understand the above information and agree to allow my child to participate in the Legislative Page Program. I further understand that the students will not necessarily be supervised during the assigned lunch hour.

Parent/Guardian Signature:

_____ Date: _____

Student Signature:

_____ Date: _____

You may submit the application ways: Email to: OLEOO@oregonlegislature.gov

Mail to:

OELOO Director,
900 Court Street NE, H271
Salem, Oregon 97301