

Congress of the United States

U.S. House of Representatives
Office of the Democratic Leader
H-204, U.S. Capitol
Washington, D.C. 20515-6537
(202). 225-0100

Democratic Page Application

Declaration of Parental Consent

We, _____ and
_____, are the parents (or
legal guardians) of and give our consent to
_____, to apply for an
appointment to serve as a Democratic Page in the U.S. House of Representatives,
beginning _____, 20_____.

Mother or Guardian's signature

Father or Guardian's signature

Street Address

City State Zip

Telephone Numbers:

Home: _____
(area code)

Office: _____
(area code)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION.

Page Attendance Requirements
Page Two

It is our goal to make your Page experience both educational and exciting. This can be accomplished by your understanding of what is expected of you and the important role you play as a Page in the U. S. House of Representatives.

I acknowledge that I have read and understand the above Page Attendance Requirements, and if I accept an appointment as a Page, I agree to abide by the requirements presented in this document.

_____ Date: _____
Page Applicant

We, _____ and _____, parents/guardians
of _____ (Page applicant) acknowledge that we have read and
understand the above Page Attendance Requirements, and if he/she accepts an appointment as a
Page, we agree to abide by the requirements presented in this document.

_____ Date: _____
Parent/Guardian

_____ Date: _____
Parent/Guardian