



Name:	
Address:	
Email Address:	
Phone Number	
Current Academic Year:	☐ Freshman/9 th Grade ☐ Sophomore/ 10 th Grade ☐ Junior/ 11 th Grade ☐ Senior/ 12 th Grade
High School Information	
Please select your High School	<u>:</u>
☐Henry Foss	
□Stadium	
□Wilson	
□Lincoln	
☐ Mount Tahoma	
□Oakland	
□iDEA	
□SOTA	
□SAMI	
\square Willie Stuart Academy	
☐Annie Wright	
□Other	
Demographic Information (The following demographic in	oformation is voluntary but would assist us in meeting our goals for this program.)
Age:	
Gender:	
Ethnicity (Check all that apply)	
\square African American / Black	
\square Caucasian / White	
□ Native American / Alaskan N	lative
\square Asian / Pacific Islander	
☐ Hispanic / Latino	
☐Multi-ethnic/racial	
☐ Prefer not to say	





Questionnaire
Are you considering pursuing a career in local government?
□Yes
□No
□Unsure
Please share why you would like to participate in Student Government Day:
What issue or topic do you think the City Council should address?
If you were the Mayor of Tacoma, what is one thing you would change and why?





Parental Consent Form and Media Release

Thank you for your interest in participating in the City of Tacoma's Student Government Day on November 28th, 2023.

Participation may include among other things: spending time in or about the spending time in or about the spending time in or about the spending transportation will be forthcoming.		
PARENTAL CONSENT		
I understand that this Waiver of Liability Agreement (Waiver) a signed by me, or a parent/guardian if I am under 18 years of ag Government Day event sponsored by the City of Tacoma.	•	
As the Parent or Legal Guardian, I,	ty of Tacoma. I acknowledge, agree and rent dangers that may cause injury and/or the liability and obligations referenced its agents, representatives, and employees	
all nature whatsoever which might arise out of the activities as Government Day.	•	
all nature whatsoever which might arise out of the activities as	•	
all nature whatsoever which might arise out of the activities as Government Day.	ssociated with the City of Tacoma Student	
all nature whatsoever which might arise out of the activities as Government Day. (Signature)	(Date) uote my child participating in the Student /or quotes regarding participation in the Student	
all nature whatsoever which might arise out of the activities as Government Day. (Signature) MEDIA RELEASE I grant the City of Tacoma permission to photograph, videotape, or questions of the Covernment Day event and to use said photographs, videotapes, and photographs.	(Date) uote my child participating in the Student /or quotes regarding participation in the Student	





Emergency Contact Information
Name of Emergency Contact:
Phone Number of Emergency Contact:
Address of Emergency Contract:
Relationship of Emergency Contact to Student:
Does the student have any known allergies, physical limitations, or other medical considerations for which we might need to make accommodations:

For non-Tacoma Public Students ONLY:

Please fill in the application form and submit it to us in one of the following ways:

- 1. Scan or take legible photos of the forms and send them to csatava@cityoftacoma.org
- 2. Drop it by the TacomaFIRST 311 Customer Support Center on the 2nd Floor of the Tacoma Municipal Building on 747 Market Street.
- 3. Mail it to:

Student Government Day c/o Cathy Satava 747 Market St., Room 1200 Tacoma, WA 98402

For Questions or Comments, please contact:

Cathy Satava,
Management Fellow
(253) 257-5610
csatava@cityoftacoma.org