UNITED STATES SENATE PAGE PROGRAM

To the Applicant’s Parents

Please complete this section and give this form to the principal or counselor at your child’s school.

(Applicant’s name) _______________________ has applied to the Senate Page Program.

Signature of Parent or Guardian __________________________________________________________

To the Principal or Counselor

Please return this form with a copy of a complete transcript (including current grades) and an explanation of the marking system.

Signature ___________________________________________ Date _______________________

Printed name ___________________________________________ Title _______________________

School __________________________________________________________

School Address _________________________________________________

Telephone (____) __________________ Fax (____) __________________

Email or mail this form and transcript to:

Dianne_Kirkbride@enzi.senate.gov

Senator Mike Enzi
Attn: Dianne Kirkbride
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Cheyenne, WY 82001
307-772-2477