

Oceanside Union Free School District
145 Merle Avenue
Oceanside, New York 11572

Application for Absentee Ballot
(Pursuant to Section 2018-a of the Education Law)

PRINT:

Name: _____

Street: _____

Village/Town/City	State	Zip
-------------------	-------	-----

I _____, am or will be, on the day of the school district election, a qualified voter of the Oceanside School District, am over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election.

I am currently registered to vote (check one):

- Nassau County Board of Election
 School District Board of Registration

Date of election or vote for which absentee ballot is requested: _____

I will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested because I am, or will be on such day (check one):

a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability;

because of my duties, occupation, business or studies, I will be required to be outside the county or city of residence on such day. (Provide a brief description of such duties, occupation or business. Where such duties, occupation or business are not of such a nature as ordinarily to require such absence, please state the special circumstances or account of which absence is required):

because I will be on vacation outside the county or city of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place or places where you expect to be on such vacation, the name and address of your employer, if any, and if self employed or retired, a statement to that effect):

(over)

_____ because I will be absent from my voting residence because I am or will be detained in jail awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. (Please state whether you are detained awaiting action of the grand jury or are confined after conviction for an offense other than a felony):

_____ ; or

_____ because I will be accompanying my spouse/child/parent who is or would be, if he were a qualified voter, entitled to apply for the right to vote by absentee ballot. (Please state name, address and relationship of person referred to in this paragraph):

Mailing Address: If the address to which absentee ballot is to be delivered is different from permanent address (i.e., school address, vacation address)

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballot, I shall be guilty of a misdemeanor.

Date _____ Signature of Voter _____

Please return to: District Clerk
Oceanside Union Free School District
145 Merle Avenue
Oceanside, New York 11572

IMPORTANT: This application must be received by the District Clerk at least seven (7) days before the election if the ballot is to be mailed to the voter, or the day before the election, if the ballot is to be delivered personally to the voter.

