

Massapequa Public Schools
4925 Merrick Road
Massapequa, NY 11758

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 Massapequa 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.

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)

-
- I am or will be detained in jail awaiting action by a grand jury
 - I am awaiting trial
-

I am entitled to vote as an absentee voter in that I expect to be absent from the School District on the day of the School District election by reason of accompanying or being with the (check one)

- Spouse
- Parent or child of, and reside in the same household with a person qualified to apply in that such a person (check one) ____ will be absent from the county of his residence due to his duties, occupation, business or studies an such absence is not caused by the fact that his regular daily place of business or studies is located outside such county, or ____ will be absent due to vacation, _____ a patient at a hospital, ___ detained in jail, ___ confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one) ____ has ____ has not applied for an absentee ballot

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
Massapequa Public Schools
4925 Merrick Road
Massapequa, NY 11758**