

**SHOREHAM-WADING RIVER CENTRAL SCHOOL DISTRICT**  
250B Route 25A, Shoreham, New York 11786 ~ (631-821-8100)

**VALID REASONS FOR VOTING BY ABSENTEE BALLOT –**

- You will be absent from your city or town on the day of the vote/election
- You have a physical disability or hospitalized that prevents your voting at the polling place
- You are at work during the hours of the vote
- You are on vacation
- You are incarcerated
- You must accompanying a spouse, parent or child for any of the reasons stated above

**ABSENTEE BALLOT DIRECTIONS –**

- \* An **Absentee Application** must first be completed and submitted to the District Clerk before an **Absentee Ballot** will be given / mailed to a voter. Please be sure the Application has your current physical **and** mailing address on it.
- \* An Absentee Application and Ballot can be obtained at the District Office or by mail (if by mail, please be sure to allow enough mailing days – at least 2 weeks)
- \* The Absentee Ballot must be received by the District Clerk by 5:00 pm the day of a vote.

**DISTRICT OFFICE ADDRESS**

Shoreham-Wading River Central School District  
250B Route 25A, Shoreham, NY 11786

Attn: Janice M. Seus, District Clerk

### Application for Absentee Ballot

Application must be received by the District Clerk at least 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.

State of New York  
City or Town of \_\_\_\_\_ } ss.:  
County of \_\_\_\_\_

I, \_\_\_\_\_ being affirmed say:

I reside at \_\_\_\_\_  
Street number (if any) or town  
\_\_\_\_\_

I am a qualified voter of the School District in which I reside in that:  I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date  
 I am registered in the district.

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:  
(Complete one of the following subdivisions)

A.

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

B.

Because my duties, occupation, business or studies will require me to be outside of the county or city of my residence on such day.

1. Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (description):  
\_\_\_\_\_  
\_\_\_\_\_

2. Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C.

I will be on vacation elsewhere on such day.  
I expect that such vacation will begin on \_\_\_\_\_ Date  
and end on \_\_\_\_\_ Date  
and will be at the following named place or places. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

or self employed as a \_\_\_\_\_ Located at \_\_\_\_\_

or retired as of (date) \_\_\_\_\_

D.

I will be absent from my voting residence because

- I am detained in jail awaiting action by grand jury.
- I am awaiting trial.
- I am confined in a prison after conviction for an offense other than a felony.

E.

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 and 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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.**

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Date

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Signature of Voter or Mark