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 OF NEW ROCHELLE } ss:
COUNTY OF WESTCHESTER

I, ________________________________________________, being affirmed say:

I reside at ______________________ ____________________________________________________________

I am a qualified voter of the School District in which I reside in that:

☐ I am or will be on such date, over eighteen (18) years of age, a citizen of the United States and have or will have resided in the district for thirty (30) 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, this application shall contain a statement of the special circumstances on account of which such absence is required:

________________________________________________________________________

________________________________________________________________________

C. ☐ I will be on vacation outside of the county or city of my residence on such day.

I expect such vacation will begin on: ________________ and end on: ________________

and will be at the following named place or places: ____________________________________________

________________________________________________________________________

Over, please
Name of employer, if any, ____________________________________________

Employer address: ________________________________________________

Or self-employed as a ______________________________________________

Located at ______________________________________________________

Or retired as of: ___________________________.

D. □ I will be absent from my voting residence because:
   □ I am detained in jail awaiting action by a 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 my
   (check one): □ spouse □ parent or □ child, and reside in the same School District
   with a person qualified to apply in that such a person
   (check one): □ will be absent from the county of his/her residence due to his/her duties, occupation, business or studies, and such absence is not caused by the fact that his/her 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 BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

__________________________________________  __________________________
Date                                             Signature of Voter

Please return the completed Application for Absentee Ballot to:

City School District of New Rochelle
515 North Avenue
New Rochelle, NY 10801
ATTENTION: School District Clerk

ABSENTEE BALLOT FOR SCHOOL DISTRICT ELECTIONS, EDUCATION LAW § 2018-a