WAYNE CENTRAL SCHOOL DISTRICT ● 6200 ONTARIO CENTER ROAD P. O. Box 155 ● Ontario Center, New York 14520-0155

APPLICATION FOR ABSENTEE BALLOT

TO:	School District Clerk, WAYNE CENTRAL SCHOOL DISTRICT 6200 Ontario Center Road, Post Office Box 155, Ontario Center, New York 14520-0155			
	,residing at			
certify t School and ha the dat	that (1) I am, or will be on the day of the school district election, a qualified voter of the Wayne Central District, (2) I am, or will be on such date, over eighteen (18) years of age, a citizen of the United States we or will have resided in the Wayne Central School District for a period of thirty (30) days preceding the of the school election, and (3) will be unable to appear to vote in person on the day of the school election for one of the following reasons: (check & complete one of the following)			
A.	ILLNESS OR DISABILITY			
	I will be a patient in a hospital, or			
	Because of illness or physical disability, or (briefly describe illness or disability & list attending physician's name) t.'			
	Because my name is recorded at the Board of Elections as a registered-voter who is permanently disabled			
В.	ABSENCE FROM THE COUNTY OF RESIDENCE			
	My duties, occupation, business or studies will require me to be <i>outside the</i> '~ <i>county of my residence</i> on school election day			
	If such duties, occupation, business or studies ordinarily require absence from your county of residence, please provide a brief description of them:			
	If such duties, occupation, business or studies do not ordinarily require absence from your county of residence, please attach a statement of special circumstances which account for your absence.			
C.	VACATION OUTSIDE THE COUNTY OF MY RESIDENCE I will be on vacation outside of the county of my residence fromto, during which time I will be at the following place(s):			
	NAME OF EMPLOYER:			

IF SELF-EMPLOYED, please attach a statement describing the nature & location of your business

D. **DETENTION IN JAIL**

	I will be detained in j	ail			
	Awaiting action	on by a Grand Jury			
	Awaiting Tria	I			
	After conviction for an offense other than a felony				
E.	ACCOMPANYING A FAM	IILY MEMBER WHO I	S AN ELIGIBLE VOTER		
	On the day of the school district election, I am or will be accompanying or with the person named below who is my				
	spouse	parent	child		
who is, or would be if they were a qualified voter, entitled to apply for the r vote by absentee ballot, for one of the reasons checked on this application fo					
	NAME OF PERSON	YOU WILL BE ACCOMP	ANYING:		
		brief statement outlining rea	asons and details of absence:		
	CERTIFICATION OF APP	LICANT FOR ABSEN	TEE BALLOT		
& corr	•	tand that if I make a m	ief that the foregoing is a true naterial false statement in the cy of a misdemeanor.		
Signati	ure or Mark of Applicant		Date		
If A M	ark, Signature Of Witness:				

PLEASE NOTE:

- (1) If you wish to have your absentee ballot mailed to you, this application must be returned by mail or in person to the school district clerk at least (7) seven calendar days before school election day
- (2) If you wish to have your absentee ballot mailed to an address other than your legal voting address, please indicate that mailing address below:
- (3) If you or someone you designate personally picks up your absentee ballot, this application must be received by the school district clerk not later than 5:00 p.m. on the day prior to school election day

DIRECT QUESTIONS TO THE DISTRICT CLERK @ 315-524-0334