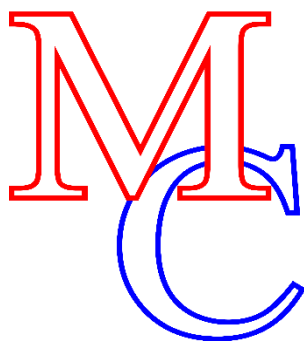


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT



8 43RD STREET • CENTEREACH, NY 11720
631-285-8011 • 631-738-2719 (fax) • slarkin@mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
James G. Donovan, Assistant Superintendent for Human Resources
Beth Rella, Ed.D., Assistant Superintendent for Business
Jonathan Singer, Assistant Superintendent for Instruction

[*This form is only required for districts with personal registration]

Military Voter Registration Application

Please print clearly.

BE ADVISED: This Application registers you as a Military Voter with the School District only. If you would like to receive a Military Ballot please fill out the separate Application for Military Ballot. If you wish to register as a Military Voter with your County or State Board of Elections please contact them directly.

This application must be received by the Office of the School District Clerk, not later than 5:00 PM the day before the school district's board of registration will meet to prepare the school district register, or on the twenty-sixth (26th) day before the election for those school districts and school district public libraries that provide for the registration of voters during certain specified hours of the school day pursuant to Education Law §2014(2) and (6), except city school districts with less than 125,000 inhabitants in which case the application must be received not later than 5:00 PM on the fifteenth (15th) day before the election.

1.	I am (check one):
	☐ In military service* and by reason of such military service will be absent on the day of registration or election
	☐ In military service and will be discharged from such military service within 30 days of the election
	☐ The (check one) ___ spouse, ___ parent, ___ child, or ___ dependent of such qualified military voter accompanying or being with the qualified military voter and am also a qualified voter and resident of the same school district

2.	Name:
	_____ _____ _____ _____ last name or surname first name middle initial suffix

3.	Residential Address in School District:
	_____ _____ _____ _____ street address city, town, village state zip code

4.	Military Address:
	_____ _____ _____ _____ street address city state zip code

5. Preference for Receiving Military Ballot Materials (check one):

- ☐ Mail (specify Residential or Military Address) _____
- ☐ Email (provide email address) _____
- ☐ Fax (provide fax number) _____

6. Military Voter Affirmation:

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 personal registration, I shall be guilty of a misdemeanor.

Signature of Voter _____ Date _____

* Defined as "the military service of the state, or of the United States, including the army, navy, marine corps, air force, coast guard, merchant marine and all components thereof, and the coast and geodetic survey, the public health service, the national guard when in the service of the United States pursuant to call as provided by law, and the cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and United States Coast Guard Academy."