



School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Lyons Central School District  
Board of Education  
10 Clyde Road  
Lyons, New York 14489  
Attn: Jan Bailey, District Clerk

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]