P.O. Box 219, 11868 Academy Street, Chaumont, NY 13622



Phone: 315·649·2417 ♦ Fax: 315·649·2663 ♦ Website: www.lymecsd.org

PATRICIA GIBBONS, SUPERINTENDENT

PUBLIC PARTICIPATION STATEMENT FORM

Name of Individual:	Date:
Name of Agency/Group:	
Address:	
Phone:	
Email:	
*Requests to publically address the Board of Education must be submitted to the District Clerk at least two days prior to the next Board of Education meeting. Otherwise, the topic of discussion may be moved to the next regular monthly meeting, at the discretion of the Board President. Please provide a brief description of the subject matter for which you wish to address the Board	
of Education.	
Public Comment Guidelines:	
 by following the district's Chain of Com Remarks should be brief, limited to 3 min Comments limited to the concerns related in regard to other students or staff memb Do Not use the names of Lyme Central S Personal comments and/or concerns will Education or Administration. Comments 	d to your child(ren) only. No comments should be made ers of Lyme Central School School district personnel or individual students not be addressed during the meeting, by the Board of questions may be submitted in writing to the Board Education and Administration, a response will be
District Office Use	
Date Received:	
BOE Meeting Date:	