



Lyme Central School District
11868 Academy St, Chaumont, NY 13622
P: 315-649-2417 ext. 2 F: 315-649-2812

FORM D – Intent to Purchase Home

Attach a copy of your purchase contract to this form.

Student’s Name: _____ Grade: _____

Student’s Name: _____ Grade: _____

Student’s Name: _____ Grade: _____

Student’s Name: _____ Grade: _____

Parent/ Legal Guardian/
 Person in Parental Relationship: _____ Today’s Date: _____

I am in the process of purchasing a home at:

Street Address _____

City: _____ State: _____ ZIP: _____

My contract closing date is: _____, a copy of which is attached. I recognize that if I do not close on this property within 30 days of the above stated closing date, I will be required to withdraw my child from school and that I might be responsible for tuition for the 30 day period on which I withdrew my child.

Parent/ Legal Guardian/ Person in Parental Relationship Signature

Date

For School Use Only:

Deadline for Property Closing: _____