

Chappaqua Central School District

P.O. Box 21 Chappaqua, NY 10514
Ph: 914-238-7200 Fax: 914-238-7231

CHANGE OF PLACEMENT FORM

Please fill out the appropriate section related to your child's change of placement:

Section 1 Placement in a Private School

Parent/Guardian Name _____

Chappaqua Address _____

_____ will be transferring to
(Name of child)

_____ Private / Public School effective _____
(Name of School) (Please circle) (Date)

If applicable:

Name of 2nd child _____ Name of 3rd child _____

Section 2 Moving outside of the Chappaqua Central School District

Parent/Guardian Name _____

Children(s) Name(s) _____

Chappaqua Address _____

(City, State, Zip) _____

Moving to (Address) _____

(City, State, Zip , Country) _____

New School District _____

Effective date of withdrawal from Chappaqua CSD: _____ / _____ / _____

Parent / Guardian signature

Date

Please return to: Mary Marchionno -- (914)-238-7200 x1007- MaMarchionno@chappaquaschools.org

Business Office Chappaqua Central School District
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Chappaqua, NY 10514
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