Chappaqua Central School District

Business Office - Office of the Registrar
Chappaqua Central School District
66 Roaring Brook Road
Chappaqua, NY 10514
Email: lamoreno@chappaquaschools.org, Fax: 914-238-7231

CHANGE OF PLACEMENT & WITHDRAWAL FORM

Please complete the relevant section regarding your child's change of placement, sign the final page, and return the form to the registrar.

Section 1 We Are Moving Outside of CCSD

Parent/Guardian Name	
CCSD District Address (not a PO Box)	
Name of Child 1 Withdrawing from CCSD & Date of Birth	
Name of Child 2 Withdrawing from CCSD & Date of Birth	
Name of Child 3 Withdrawing from CCSD & Date of Birth	

New Home Address (not a PO Box)	
New School District	
Effective Date of Withdrawal from CCSD	

CCSD will transfer your child's records electronically to the new school district upon request from the receiving district.

Parent/Guardian signature: _____ _____
Date

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Section 2 I Am Placing My Child in a Private School

Parent/Guardian Name	
CCSD District Address (not a PO Box)	
Name of Child Withdrawing from CCSD & Date of Birth	

Name of Private School	
Effective Date of Withdrawal from CCSD & Placement in Private School	

CCSD will transfer your child's records electronically to the new school district upon request from the receiving district.

Parent/Guardian signature: _____ _____
Date

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Section 3 I am Withdrawing my Child (age 16 or older) From CCSD
(this section is only for students 16 years old or older who are not continuing schooling)

NYS Regulations Regarding Attendance: Minors must attend school full-time until the last day of the session in the school year in which the minor turns sixteen. *

Parent/Guardian Name	
CCSD District Address (not a PO Box)	
Name of Child Withdrawing	
Date of Birth & Age	
Effective Date of Withdrawal	

Parent/Guardian signature: _____ _____
Date

*Superintendent: _____ _____
Date

Please return this form to Registrar Laura Moreno by email, fax or in person.