Chester County Board of Education

Request for Out of Zone Placement

Completion of this form does not guarantee that your child will be allowed to attend a school out of zone. If your request is approved, you will be contacted by phone or mail as soon as the decision is made.

PLEASE PRINT

Today's Date_____

Student's Name _____Grade_____
First Middle Last

Person Making Request _____
First Last

Relationship to Child:_____ Legal Guardian? Yes____ No____

Phone Number(s) _____

Mailing Address_____
No. and Street Name City Zip Code

Zoned For: ___ East Chester
___ Jack's Creek
___ West Chester

Request to attend: ___ East Chester
___ Jack's Creek
___ West Chester

Please explain the reason the student needs to attend school outside of your zoned area:

_____

_____

_____

_____

I understand that transportation will not be provided for any student attending a school outside of his/her zoned area.

Signature _____