



Winchester Academy Class Placement Waiver Request



School Year	Date of Request
Name of Child	
Sex (M or F)	
Years and Months of Age as of September 30 th	
Name of Parent Contact	
Home Phone	Cell Phone
Address	
Briefly Describe your reason for requesting a waiver for your child's placement	

By signing below it is understood that should your child be granted a waiver for class placement that the waiver applies only for the current school year. The parent would have to undergo the waiver process every year for which the child does not meet the age cutoff.

Parent Signature _____

Date	
Administrator Comments	
Signature of Waiver Approval	

Winchester Academy

www.winchesteracademy.org

Campus I 915 S Cameron Street

Campus II 1317 S Pleasant Valley Road

Campus III 1305 Opequon Avenue