



# Winchester Academy Release of Records



Name of student \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Entering \_\_\_\_\_

Parents \_\_\_\_\_

.....  
Current School \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

I give permission to release my child's permanent school records to the above named school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
RELEASE AND MAIL TO:      Records  
                                         Winchester Academy  
                                         915 S. Cameron Street  
                                         Winchester, VA 22601  
                                         Phone (540)542-1100  
                                         Fax (540)542-1601

- Items requested in this packet:
1. Previous Scholastic Record and up-to-date grades
  2. Attendance Information
  3. Test Scores
  4. Health Records
  5. Discipline Record/Court Documents
  6. Special Education Records (if any)

**Winchester Academy**

[www.winchesteracademy.org](http://www.winchesteracademy.org)

Campus I      915 S Cameron Street

Campus II     1317 S Pleasant Valley Road

Campus III    1305 Opequon Avenue