



Home of the Eagles

# Winchester Academy Class Placement Waiver

School Year	Date of Request
Name of Child	
Sex (M or F)	
Years and Months of Age as of September 30 <sup>th</sup>	
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

winchesteracademy.org  
2400 Roosevelt Boulevard  
Winchester VA 22601

540-542-1100