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 (804)412-6101

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)

Home of the Eagles

Winchester Academy

winchesteracademy.org
2400 Roosevelt Boulevard
Winchester VA 22601

540-542-1100