

**WINSLOW TOWNSHIP HIGH SCHOOL**  
**2019 GRADUATION**  
**HANDICAP SEATING REQUEST**

**STUDENT NAME** \_\_\_\_\_

**1<sup>st</sup> PERIOD ROOM#** \_\_\_\_\_

**NAME OF GUEST** \_\_\_\_\_

**ATTENDANT** \_\_\_\_\_

**\*Please return the completed request form to Ms. Evans on or  
before June 13, 2019.**

**ONE PER FAMILY**

