



2552 Route 6
 Hawley, PA 18428-9007
 (570) 226-4557 ext. 3000
 Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Wallenpaupack Area School District Parent/Guardian Data Sheet

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
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No	P [A
No A	P [A
Last, First	Last, First
Mailing Address	Mailing Address
Town State Zip	Town State Zip
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
Y [\ Á @ } ^ Á	Y [\ Á @ } ^ Á
***** If guardian is someone other than parent, please complete the following:	
Relationship: Foster Guardian Ad Litem Agency	Relationship: A
Last, First	Last, First
Mailing Address	Mailing Address
Town State Zip	Town State Zip
Y [\ Á @ } ^ Á	Y [\ Á @ } ^ Á
Y [\ Á @ } ^ Á	Y [\ Á @ } ^ Á
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Wallenpaupack Area School District Parent/Guardian Data Sheet

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Family Information

			Relationship:	Do custody concerns apply to this child?
			Lives at this address Yes No	Yes No
Student's Last Name	Student's First Name	Grade		
			Relationship:	Do custody concerns apply to this child?
			Lives at this address: Yes No	Yes No
Student's Last Name	Student's First Name	Grade		
			Relationship:	Do custody concerns apply to this child?
			Lives at this address: Yes No	Yes No
Student's Last Name	Student's First Name	Grade		

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Custody Information

I am the parent/guardian of the child named above. I am providing this information to the school district for the purpose of determining the child's educational needs. I understand that this information is confidential and will be used only for the purpose stated above. I agree to provide this information to the school district and to update it as needed. I understand that the school district may use this information to determine the child's educational needs and to provide appropriate services to the child. I understand that the school district may use this information to determine the child's educational needs and to provide appropriate services to the child. I understand that the school district may use this information to determine the child's educational needs and to provide appropriate services to the child.

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Signature of Parent/Guardian: _____ Y^ P[Á

Parent/Guardian Signature

Date: