



WALLENPAUPACK AREA SCHOOL DISTRICT

2552, Route 6
Hawley, PA 18428-9045
(570) 226-4557 ext. 3000
Fax: (570) 226-0638

Student/Parent Acknowledgement Form – 2009-2010

Student's name: _____ Date: _____
Please Print

Acknowledgement of Handbook Contents

In accordance with Wallenpaupack Area School Board Policy, student and parent/guardian must specifically acknowledge that they have reviewed and understand the contents of the Student/Parent Handbook. Please sign below to acknowledge that you have reviewed and understand this policy.

Signature of Student

Signature of Parent Guardian

Student Surveys

Each year various surveys are administered to students in the elementary and secondary levels. In the high school and middle school, an anonymous drug and alcohol survey is administered as required by our participation with the Drug-Free Schools consortium. Please indicate below if you consent to your son/daughter participating in these annual surveys.

_____ YES My son/daughter may participate in the surveys.

_____ NO My son/daughter may not participate in the surveys.

Please return to your child's school by Monday, September 14