

WALLENPAUPACK AREA SCHOOL DISTRICT
COMMUNITY EDUCATION

2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 Option 6
Fax: (570) 226-0638

SUMMER 2025

June 30th to August 1st, 2025

Name: _____ S.S. #: _____

Address: _____ Home Phone: _____
[Street]

_____ Work Phone: _____
[City] [State] [Zip]

E-Mail: _____

I am interested in teaching the following course: _____

Course description: *(This description will be used in the booklet and for advertising purposes)*

Beginning Date: _____

Ending Date: _____

Time: _____
[Start] [End]

Day of the Week: _____

Minimum and Maximum number of participants Min: _____ Max: _____

Desired location: *(All courses are assigned to a standard classroom, unless you indicate otherwise)*

*Age or grade requirements for participants: _____

*If this course is for school age children, all clearances will be needed before you may begin teaching the class. Clearance forms may be obtained at the District Office.

The district cannot guarantee access to any additional equipment; however, we will attempt to accommodate your requests.

List any special requirements/equipment needed by you to teach this course, please be specific as to type and times.
