



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

WALLENPAUPACK AREA SCHOOL DISTRICT

Wallenpaupack Area School District Parent/Guardian Data Sheet

<input type="checkbox"/> Yes <input type="checkbox"/> No I am the parent/guardian of the child.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I am the biological parent of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No I am the legal guardian of the child.

I am the parent/guardian of the child. <input type="checkbox"/> Yes <input type="checkbox"/> No	I am the biological parent of the child. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No I am the legal guardian of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No I am the legal guardian of the child.
<i>Last, First</i>	<i>Last, First</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>Town State Zip</i>	<i>Town State Zip</i>
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
E-mail:	E-mail:

***** If guardian is someone other than parent, please complete the following:

<input type="checkbox"/> Foster <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> Agency I am the guardian of the child.	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> Agency I am the guardian of the child.
<i>Last, First</i>	<i>Last, First</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>Town State Zip</i>	<i>Town State Zip</i>
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
E-mail:	E-mail:

Yes No
 I am the parent/guardian of the child.

