



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

WALLENPAUPACK AREA SCHOOL DISTRICT

Foster Parent Information

School _____ Date _____

Student's Name _____ Date of Birth _____ Grade _____

Name of foster parent with whom the student resides _____

Address _____ Telephone No. (h) _____
_____ (w) _____

Name of placement agency (**required**) _____

Address _____ Telephone No. _____
_____ Date of Placement _____

Natural Parent(s) Name _____

Address _____ Telephone No. (h) _____
_____ (w) _____

Previous School District (if different from above) _____

Please list other foster students (grade/school) in home:

- A. Information on foster placement received on agency letterhead (please circle)? Yes No
- B. Stipend Identified? Yes No
- C. Foster parent stated intent to adopt? Yes No
- D. If yes to C, is there any court documentation which identifies pre-adoptive status? Yes No
- E. If yes to D, a 1302 resident affidavit should be completed with documentation attached.

F. If no to D, inform foster parents that once pre-adoptive status is obtained through court documentation, they must notify the school district so that we may adjust our records accordingly and file appropriate documents with student's attendance file.

PRINT NAME/TITLE _____

SIGNATURE _____ **DATE** _____

Office Use Only: PAMSecure ID: _____ School ID: _____