



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

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

Yes No
 I am the biological parent.

Yes No
 I am the legal guardian.

