

WPNS Contact Information Sharing Waiver

2026-2027 School Year

Permission to share parent/guardian name, phone number and email and student name.

WPNS would like to put together a family contact list. To be distributed to all WPNS families.

Student's Name: _____

_____ I/We consent to my contact information to be added to the list.

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

_____ I/We DO NOT consent to my contact information to be added to the list.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE
