

# WPNS Contact Information Sharing Waiver

## 2025-2026 School Year

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### 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

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