

Child Abuse Report

Confirmation of Report to Child and Family Services Authority Regarding Suspected Abuse/Neglect

As required by the *Child, Youth, and Family Enhancement Act*, the following report has been made.

STUDENT INFORMATION

Legal Surname:	Legal Given Name:	Legal Middle Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (MM/DD/YYYY)	Phone Number (Home):	
Mailing Address (Street):	City:	Province:	Postal Code:

PARENT (GUARDIAN) INFORMATION

Student Lives With: (Please Check One <input checked="" type="checkbox"/>)			
Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/>
Independently <input type="checkbox"/> Other <input type="checkbox"/> (Please Explain):			
Mother (Guardian) Surname:	Mother (Guardian) Given Name:	Mother (Guardian) Home Phone:	
Mailing Address: (If different than students)	City:	Province:	Postal Code:
Father (Guardian) Surname:	Father (Guardian) Given Name:	Father (Guardian) Home Phone:	
Mailing Address: (If different than students)	City:	Province:	Postal Code:

ALLEGED ABUSE

Type of Abuse: (Please Check One <input checked="" type="checkbox"/>)
Physical Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/>
Specific Observations and Concerns:

REPORTING

Reported to Child and Family Services District Office as Indicated Below		
District Office:	Name of Assessor:	Telephone #:
Name of Case Worker Supervisor:	Name of Person Making Report:	School:
Date of Report:	Date Report Forwarded to the Assistant Superintendent - Student Services:	

Principal's Signature

Date