

CUYAHOGA FALLS CITY SCHOOL DISTRICT
 431 STOW AVENUE
 PO BOX 396
 CUYAHOGA FALLS, OH 44222-0396

CONFIDENTIAL SCHOOL REPORT OF ALLEGED CHILD ABUSE AND NEGLECT

Name of Child (Last, First, Middle)		
Street Address		
City, State and Zip Code		
Grade	Age	Date of Birth
Adult With Whom Child Resides		

Name of Mother
Name of Father
Street Address of Parents (if different, include city, state and zip code)

List names of other children living in the home.

Name of Child	Age	Grade

Indicate reason for report. List observations, previous injuries and any statements. (Use reverse side if necessary)
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Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc. (use reverse side if necessary)
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Date of Oral Report	Received By	Reporter
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Signature of Official Completing Form	Date	Telephone Number	Title