

CONFIDENTIAL SCHOOL REPORT OF SUSPECTED CHILD ABUSE AND NEGLECT

Name of Child (Last, First, Middle)	Name of Mother
Street Address	Name of Father
City, State & Zip Code	Street Address of Parents (if different) (include city, state & zip code)
Grade Age Date of Birth	
Adult With Whom Child Resides	

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.

Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc.



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Name of Civil Authorities contacted (i.e., 241-KIDS, Local Police Dept.):	
Date Reported to Civil Authorities:	
Name or ID# of person you spoke with:	
Name of School Representative who made report to the Civil Authorities:	

Name of School:	
Date:	
Telephone #:	
School Official Title(i.e., Principal, Teacher):	
Signature of School Official Completing Form:	

NOTE: This form should be completed and sent to the Deputy Superintendent of Schools and Academics, Cindy Hardesty at chardesty@catholicaoc.org.