5470F

Child Abuse & Neglect Report Form

Inspiring Excellence
LAKE STEVENS
School District

Student: _____ _____ _____ _____
Last Name (legal) Aka First Name Middle Initial Gender

Address: _____

Birthdate: _____ Home Phone: _____ Work Phone: _____

Name of parents, guardian or
custodian with whom student lives: _____

Siblings: _____

Please check type of abuse being reported:

☐ Physical Injury ☐ Neglect ☐ Sexual Abuse ☐ Maltreatment ☐ Sexual Exploitation

☐ Other (Specify) _____

State nature and extent of current injuries, neglect, maltreatment, sexual abuse, and/or sexual exploitation:

Evidence of previous injuries:

Other information:

To Whom Reported:

Name: _____ Report Date and Hour: _____

Agency: _____

From Whom Reported:

Name: _____ School/Agency: _____

Address: _____ Phone: _____

_____ _____ _____
Signature of Person Making Report Title Date

_____ _____ _____
Signature of Principal or Designee Phone Date

Copy: (1) Law Enforcement of CPS (2) Principal