

Confirmation of Report to Alberta Children's Services

To be completed in person by the Principal or designate as provided in the Child Abuse and Neglect Prevention Policy

As required by Section 4 of the <i>Child, Youth and Family Enhancement Act</i> , the following report has been made.			
Alleged:	<input type="checkbox"/> Physical Neglect	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse
Specific concerns and observations: ----- ----- ----- <p style="text-align: right;">(Continue on reverse side of page if necessary)</p>			
Student Information			
Name:		Date of Birth:	
Address:		Home Phone:	
Mother/Guardian:		Father/Guardian:	
Address:		Address:	
	Phone:		Phone
Information Reported To			
Children's Services Offices			
Name of Children's Services worker/investigator:		Phone:	
Name of Child Welfare supervisor:		Phone:	
OR			
RCMP Detachment			
Name of Contact:		Phone:	
Information Reported By			
Name of person making report:		Date of report:	
School Administrator's Signature:		OR	
		Independent report (please initial):	
School:		Date report was forwarded:	
Contact Information			
<input type="checkbox"/> Parent informed by school	Date:	Time:	
<input type="checkbox"/> Parent not informed by school as directed by investigator under the <i>Child Welfare Act</i>			

Confidential Report – Not to be placed in student's Cumulative Record

