

## CHILD ABUSE/NEGLECT REPORTING FORM

	Oral Reporting Date/	time			
	Written Reporting	g Date:			
_	Social Service	es Agency and Con	tact Person		
CHILD (Referred	<u>)</u>				
	DOB_				
<u>PARENT</u>					
Name:					
Address.					
Telephone (work) _		(home)		(cell)	
		*Custody:			
Work Status/Locati	on:				
*If parents are sepa	rated and share custoo	dy, please include s	econd parent in	nformation on reve	rse.
OTHER MEMBE	RS OF HOUSEHOI	<u>.D</u>			
NAME GEN	NDER DOB (or age)	) RELATIONSHIF	•		
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Gateway Preparatory Academy

ALLEGED PERPETRATOR		
Name:	DOB or Age:	Gender:
Address:		
Relation to Child:	Incident Date:	
REASON FOR REFERRAL (Co	ncerns, child's account, and prev	ious history with any dates
	continued on o	ack
REPORTING PARTY		
Name: Rob Lee, Director: Telep	phone: (435) 867-5558	
Address: Gateway Academy 201 E	E, . Thoroughbred Way, Enoch,	Utah, 84721
Signature:		
COPIES: Social Services	School Nurse	Reporting Party
SECOND PARENT INFORMAT	TION IF APPROPRIATE	
Name:		
Relationship:		
Address:		
Telephone (work)	(home)	(cell)

## **CONFIRMATION OF ABUSE/NEGLECT REPORT**

(Principal copy)

Information regarding p	ossible or alleged child abuse was r	received from:
District employee:		date:
	Enforcement were contacted concer	rning this student at:
Time:	Date:	
situation.	rt. Please add this to any document	cation you have regarding this
(Principal or designee)		
СО	NFIRMATION OF ABUSE/NEG	SLECT REPORT
	(Reporting staff member c	copy)
Information regarding po	ossible or alleged child abuse was r	received from:
District employee:		date:
	Enforcement were contacted concer	rning this student at:
Time:	Date:	
Thank you for this report situation.	rt. Please add this to any document	tation you have regarding this
(Principal or designee)		

Gateway Preparatory Academy
GPACharter.org
201 E Thoroughbred Rd.
Enoch, UT 84720