



**Fulton County School District
Suspected Child Dependency, Neglect or Abuse
Reporting Form Based on KRS 620.030**

STUDENT: _____

DATE: _____

SCHOOL: Preschool

FCES

FCMS

FCHS

NATURE OF REPORT:

ACTION TAKEN:

_____ Contacted parent, if applicable

_____ Immediately contact Cabinet for Health & Family Services, Department for
Community Based Service for Division of Protection and Permanency
1-270-388-4818

_____ Other

FOLLOW-UP NOTES:

REPORT SUBMITTED BY:

_____, _____
_____, _____

CC: County Attorney **Centralized Intake Reference Number:** _____

Confidential delivery to local law enforcement and county attorney by: _____

Date of Delivery: _____

This form should NOT be placed in the student's cumulative file. It should be kept in a confidential file as documentation that appropriate measures were taken by the school to protect the child.