**CHILD FIND REQUEST**

**Perry County School District Lora Cooper**

**P.O. Box 137 601-964-3635**

**New Augusta, MS 39462 lcooper@pcsdms.us**

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| **Person Making the Request and Agency Represented:** | **Relation to Child:** |
| **Requester’s Address:** | **Requester’s Phone:** |
| **Requester’s Email:** | **Date Request Received:** |

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| **PERSONAL DATA** |
| **Child’s Full Name:** | **Race/Ethnicity:** | **Gender:** | **DOB:** |
| **Child’s Physician:** | **Physician’s Address:** |
| **HOME AND FAMILY INFORMATION** |
| **Parent/Guardian 1:** | **Parent/Guardian 2:** |
| **Home Address:** | **Home Address:** |
| **Home Phone:** | **Home Phone:** |
| **Employer/Occupation:** | **Employer/Occupation:** |
| **Work Phone:** | **Work Phone:** |
| **Child Lives With:** |
| **Directions to the Child’s Home:** |
| **LANGUAGE(S) SPOKEN IN THE HOME** |
| **Is any language other than English spoken in the child’s home?** 🞏 Yes 🞏 No (skip to next section) Parent/Guardian’s Language:  Child’s Language:  |
| **CHILD’S EDUCATIONAL SETTING** |
| **Does the child attend a public/private school or preschool/childcare center?** 🞏 Yes 🞏 No (skip to next question) |
| **School/Center Name:** | **School/Center Phone:** |
| **School/Center Address:** | **Teacher:** |
| **CONCERNS FOR THE CHILD** |
| *Describe any concerns that you have about the child’s development, behavior, and/or learning.* |
| **How did you hear about Child Find**?  |