

**Suspected Child Abuse / Referral Form updated
445A**

**George Washington Academy
2277 South 3000 East
St. George Utah 84790
Phone: 435-673-2232 Fax: 435-673-0142**

Date: _____

To: Child Protective Services Intake Worker

Phone: 1-855-323-3237 Fax: 1-855-323-3238

Referring Individual: _____ Title: _____

School: _____ Relationship to the child: _____

Re: Suspicion of child abuse

Victim: _____

D.O.B.: _____ Age: _____ Grade: _____

Father: _____ Primary language: _____

Mother: _____ Primary language: _____

Address: _____

Home phone: _____ Dad's daytime phone: _____

Mom's daytime phone: _____ Other phone: _____

Narrative description of the type of abuse (when, where, who, how, etc.):