



ABERDEEN SCHOOL DISTRICT

POLICIES AND REGULATIONS

NEPN Code: JLF-E

SUSPECTED CHILD ABUSE REFERRAL FORM

**TO: SUPERINTENDENT AND/OR DESIGNEE
ABERDEEN SCHOOL DISTRICT 6-1
1224 S 3RD STREET, ABERDEEN, SD 57401**

From: _____ Date of Report: _____

Name of Child: _____ School/Grade: _____

Address of Child: _____

Age of Child: _____ Child's Date of Birth: _____

Parent/Guardian responsible for care of child: _____

Relationship: _____

Address: _____ Telephone: _____

Parents' place of employment: _____

Siblings / Ages: _____

Nature and extent of injuries, or description of neglect, or suspected abuse and date and time of occurrence: _____

Orally report to: _____ Department of Social Services
Telephone: 1-877-244-0864 Date _____ Time _____

Orally report to: _____ Police Captain, Aberdeen Police Department
Telephone: (605) 715-5005 Date _____ Time _____

Send copy to: _____ Superintendent or his/her designee - District Service Center

Superintendent's Office sends copies to:
Send copy to: _____ Department of Social Services, 3401 10 Ave SE, Aberdeen, SD
_____ States Attorney's Office, 22 Court Street, Ste. 2., Aberdeen, SD
_____ Police Captain, Aberdeen Police Department, PO Box 53, Aberdeen, SD

LEGAL REFERENCE: SDCL 26-8A-8 Abused/Neglected Children
ORIGINATED: November 1989
UPDATED: December 1997
REVISED: July 24, 2000
REVISED: October 14, 2003
REVIEWED: June 26, 2006
REVISED: March 25, 2008
REVISED: April 11, 2008
REVISED: March 9, 2009
REVISED: October 11, 2010
REVISED: October 14, 2014