

Missing Child Referral

(Pursuant to the Missing Children Act of 1985)

Date of Report: _____
 Child's Name: _____
 Child's Address: _____
 School System: _____
 School: _____
 Grade: _____
 SS#: _____
 Date of Birth: _____
 Sex: _____
 Race: _____
 Child Last Resided With: _____
 Relationship: _____
 Phone: _____

Mother: _____	Father: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Legal Custodian: _____ **Relationship:** _____
 Address: _____

Additional Information:

Referring Agency: Educational Service Center of Central Ohio
 2080 Citygate Drive
 Columbus, OH 43219
 614.445.3750

Contact Person: _____

Robbie Spanoudis p: 614.753.4643 Robbi.Spanoudis@fcesc.org	John Bender p: 614.542.4135 John.Bender@fcesc.org	Melinda Farry p: 614.753.4644 Melinda.Farry@fcesc.org
--	---	---