



# Department of Child Welfare & Attendance

## Home Visit Request Form

Office: 225.774.5795 Fax: 774.5797

Date of Request: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID No. : \_\_\_\_\_  
 Reg. Ed. [ ] ESS Student [ ] 504 Student [ ]

Name of Parent/Guardian: \_\_\_\_\_

Address (1): \_\_\_\_\_

Address (2): \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

School Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

*School must show three documented attempts before referring to the  
 Child Welfare & Attendance Office*

### REQUIRED DOCUMENTED ATTEMPTS OF CONTACT BY SCHOOL:

Attempt #1		Attempt #2		Attempt #3	
Date:	Time:	Date:	Time:	Date:	Time:
<input type="checkbox"/> Letter/Email		<input type="checkbox"/> Letter/Email		<input type="checkbox"/> Letter/Email	
<input type="checkbox"/> Parent Conference		<input type="checkbox"/> Parent Conference		<input type="checkbox"/> Parent Conference	
<input type="checkbox"/> Phone		<input type="checkbox"/> Phone		<input type="checkbox"/> Phone	
<input type="checkbox"/> Home Visit		<input type="checkbox"/> Home Visit		<input type="checkbox"/> Home Visit	
Comments:		Comments:		Comments:	

### CONCERNS:

### SERVICES RENDERED BY SCHOOL:

<input type="checkbox"/> Attendance: No. of days Unexcused _____ Excused _____	<input type="checkbox"/> I CARE
<input type="checkbox"/> Address Verification	<input type="checkbox"/> Homebound
<input type="checkbox"/> Temporary Enrollment	<input type="checkbox"/> Parent Conference
<input type="checkbox"/> Medical/Emotional	<input type="checkbox"/> Guidance Department
<input type="checkbox"/> Social (i.e. clothing, housing, etc.)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Academics	
<input type="checkbox"/> Other (specify)	

Report on Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CWA Contact: \_\_\_\_\_ Date: \_\_\_\_\_