

Missing Child Referral

(Pursuant to the Missing Children Act of 1985)

Date of Report: _____
 Child's Name: _____
 Child's Address: _____
 School: _____
 School System: _____
 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 Franklin County
 2080 Citygate Drive
 Columbus, OH 43219
 614.445.3750

Contact Person:	Phone:
Alex Morgan	Flo Burke
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