

# ARCOLA C.U.S.D. #306

## CONCERN REPORT FORM

Person Reporting \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Child's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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Concern:

Received by: \_\_\_\_\_

ROUTED TO: \_\_\_\_\_ Teacher \_\_\_\_\_ Athletic Director  
\_\_\_\_\_ Principal \_\_\_\_\_ Superintendent  
\_\_\_\_\_ Board President

Forms can be mailed to: 351 W. Washington, Arcola, IL 61910