The New York City Department of Education

Office For Family Engagement and Advocacy

Parent Intake & Referral Form

Date	Time		District
Student's Last Name	Student's First Name	Date of Birth	Age
School (Name or Number)	Grade	Class	Student ID / OSIS
Parent/Guardian Last Name	Parent/Guardian First Name		
Address			APT #
City	State		Zip Code
Home Phone	Work Phone	Mobile Phone	

Using the space provided, please describe the nature of your complaint. Indicating any actions that may have already taken place

For Office Use Only, check one

Placement	Alleged Corporal Punishment	NCLB / Title 1
Transfer	Suspension	PA / PTA
Zoning	Discipline	School Leadership Team
Special Education	Supervisor / Teacher Complaint	Transportation
Safety Issue	Teacher Removal	Adult Education
Health Issue	Exclusion from SChool	Parent / Student Rights
Other		

Level of Intervention: *(Check the appropriate box)* ☐ **School** ☐ **District** ☐ **Central OFEA**

Staff Name / Title _____ ☐ Phone Inquiry ☐ Walk-in ☐ Email

Date of Meeting: _____ Time: _____

Notes:

Actions Taken: