

DISTRICT FORM

CHILD ABUSE AND NEGLECT REPORTING ATTESTATION FORM

I, _____, an employee of Independent School District No. I-001 of Grady County, Oklahoma, commonly referred to as **Chickasha Public School District**, acknowledge my legal obligation and responsibility to report suspected child abuse or suspected child neglect to law enforcement and the Oklahoma Department of Human Services immediately, in accordance with District Policy BC, 70 O.S. 1210.163, and 10A OS 1-2-101. I acknowledge that knowingly and willfully failing to report suspected abuse or neglect of a child could form the basis of criminal charges and lead to disciplinary consequences up to and including my dismissal or non-reemployment.

I acknowledge that I have participated in District training and have received a copy of Chickasha Public Schools' Board Policy BC, 70 O.S. 1210.163 and 10A OS 1-2-101.

I declare under penalty of perjury that the foregoing is true and correct.

Employee Printed Name

Signature

Dated this _____ day of _____, 20_____.

Adopted: July 2025

Revised: