

PACT for West Central Illinois  
**PARENT/GUARDIAN IDENTIFICATION FORM**

Child's name: \_\_\_\_\_ CB/Area # \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Family Advocate's initials: \_\_\_\_\_

This form is used to identify other adults in your child's life who have legal guardianship or custody rights. Please indicate the relationship the adult has with your child by marking the appropriate box. Please mark all boxes that apply.

Non-custodial Parent      Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Phone# \_\_\_\_\_

Dual Custody Parent      Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Phone# \_\_\_\_\_

DCFS/Agency CW      Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Phone# \_\_\_\_\_

I give PACT permission to contact the above named person(s) for the purpose of inviting him/her to attend PACT activities and share information concerning the development and education of the child listed on this form. Activities would include Parent/Teacher conferences and staffing's.

\_\_\_\_\_  
Custodial Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Family Advocate/Home Based Teacher emailed copy to Family & Community Services Coordinator

\_\_\_\_\_ Welcome Packet sent by Family & Community Services Coordinator

\_\_\_\_\_ Date Child Dropped (Send to CO)



