Educational Service Center of Lake Erie West



*Well Check Referral*

*Please print:*

Student Name:       Date of Birth:

*Last • First*

Identified Gender:  M  F School / District:

Special Education:

Home Address:      

*Street Address City •State • Zip*

Parent /Guardian       Relationship

Phone Numbers            

*Cell Home Work*

Other Guardian       Relationship

Phone Numbers

*Cell Home Work*

Please list reason for referral and other important circumstances pertaining to the well check.

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|  |

Check for phone well check

For home well check,  
contact: Attendance Officer/Safety Team Leader Phil Williams at 419-265-6347.

Referral by:       Title:

Date:       Phone Number:

Email:

*For office use*

*Date Referral Received*  *Reported to:*