



**Leon County School District  
Home Visit Request Form**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of individual requesting information: \_\_\_\_\_

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Address: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Father

Home Phone

Cell Phone

Mother

Home Phone

Cell Phone

Reason for home visit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY OFFICE STAFF**

Date of Visit: \_\_\_\_\_ Reported to: \_\_\_\_\_

Result of visit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary Report to School: ☐ Yes ☐ No Date of Report: \_\_\_\_\_

Reported to: \_\_\_\_\_

Additional Resources Needed: ☐ Yes ☐ No

List Resources: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional, Intervention, and Community Services  
Dr. Michelle Gayle  
Deputy Superintendent

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