



Sequim School District No. 323

"All Students Will Experience Success"

503 North Sequim Avenue, Sequim, WA 98382
Telephone: (360) 582-3260; FAX: (360) 683-6303
www.sequim.k12.wa.us

Consent to CPS Interview

Date: _____

Time: _____

Student: _____

Birthdate: _____

Parent contacted: _____

_____ from Child Protective Services is here and is requesting to interview – talk with you. If you decide to talk to them you can have someone with you.

Are you willing to talk to him/her?

Answer: _____

Would you like to have someone with you when you talk to them?

Who would you like to be with you when you talk with them?

Signature Principal or Designee