

Cambridge Public Schools

Department of Safety and Security

Home Visit Request/Report

Requested by _____ Position _____ Ext _____

Reason for Request _____ Date _____

Students Name _____ School _____

Address _____ APT# _____

Parent/Guardian/Caregiver _____

Home Phone _____ Cell _____

Results (check one) Home Visit _____ Surveillance _____

Date of Visit _____ Time _____ Safety Specialist _____

Action Taken By Administrator _____

Date _____ **Disposition** _____

Note: Residency verifications, Home Surveillance will not be conducted without prior authorization from the students Principal/Head of School/Assistant Principal, Office of the COO or a designee of the Superintendent of Schools.