

Oklahoma State Department of Education  
Gun-Free Schools Act of 1994

Weapon Report

County Code: \_\_\_\_\_ School District Code: \_\_\_\_\_

School Site Name: \_\_\_\_\_

Check One:  Elementary  Jr. High/Middle School  High School

\_\_\_\_\_  
Name of Person Reporting Title

Details of Weapon Incident

Date of Incident: \_\_\_\_\_ Number of Students Involved:   
Month Day Year

Type of Weapons Involved:

- Handgun
- Rifle/Shotgun
- Other Firearms (silencer, muffler, explosive devise)
- Knives
- Other Weapons (BB guns, toys, pellet guns, razor blades, cap guns)

Provide a brief description of the circumstances surrounding the incident.

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

Yes, the indent involved physical injury.  No, physical injury was not involved.

**For each student suspended, please provide the following information. Use a separate form for each weapon incident that results in a suspension.**

Suspension Term

one-year suspension

shortened suspension  
(less than one school year)

Reason for shortened suspension:

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

Is the suspended student receiving special education services?  Yes  No

If yes, please list the disability category \_\_\_\_\_

Was the suspended student referred to an alternative educational setting or other program?  Yes  No

\_\_\_\_\_  
Signature of Superintendent Date

**PLEASE FAX WITHIN TWO WEEKS OF THE INCIDENT**

Title IV Safe and Drug-Free Schools

Fax (405) 521-4533