

GUN-FREE SCHOOLS ACT OF 1994

OKLAHOMA STATE DEPARTMENT OF EDUCATION



WEAPON REPORT

COUNTY CODE _____

SCHOOL DISTRICT CODE _____

SCHOOL SITE NAME _____

NAME OF PERSON REPORTING _____

TITLE _____

Details of Weapon Incident:

DATE OF INCIDENT: _____ NUMBER OF STUDENTS INVOLVED: _____

Type of Weapons Involved: Handgun Rifle/Shotgun Other Firearms (silencer, muffler, explosive device)
 Knives Other Weapons (BB guns, toys, pellet guns, razor blades, cap guns)

Check the type of incident*: Assault Battery Assault and Battery

Provide a brief description of the circumstances surrounding the incident:

Yes, the incident 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

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) 522-0496