GUN-FREE SCHOOLS ACT OF 1994
WEAPON REPORT

DATE OF INCIDENT

COUNTY CODE

SCHOOL DISTRICT CODE

SCHOOL SITE NAME

SCHOOL SITE TELEPHONE

NAME OF PERSON REPORTING

TITLE

Details of Weapon Incident: NUMBER OF STUDENTS INVOLVED: ____________________________
Grade of Student: ____________________________ Male Female
Grade of Student: ____________________________ Male Female
Grade of Student: ____________________________ Male Female

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 if incident type is:
☐ 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