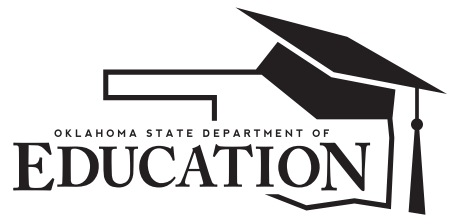


GUN-FREE SCHOOLS ACT OF 1994

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