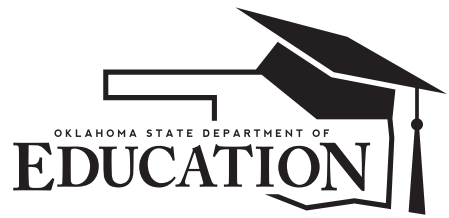


# GUN-FREE SCHOOLS ACT OF 1994

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