



School Drill Documentation Form 2025-26

School Name: **Hunt**

Principal: **Sarah Ludwig**

Date of Drill: **5/21/2026**

Time Initiated: **1:30:00 PM** Time Concluded: **1:32:00 PM**

What type of drill did you perform? **Fire Drill**

Fire drill number **5** for the 2025/26 school year

Tornado drill number for the 2025/26 school year

Safety/Security drill number for the 2025/26 school year

Name of person conducting drill: **Sarah Ludwig**

Title of person conducting drill: **Sarah Ludwig**

Signature of the person conducting drill: **Sarah Ludwig**

Date: **5/21/2026**

By selecting the "I agree" button, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting "I agree" using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing.

I agree