## **GORE BOARD OF EDUCATION POLICY**

**FNCGA-E** 

## WEAPONS-FREE SCHOOLS INCIDENT REPORT FORM

Name of school district and site:

Name and title of person completing the form:

## **Details of Incident**

Date of incident:

Number of students involved:

Type of weapons involved:

Provide a brief description of the circumstances surrounding any suspensions imposed under the Weapons-free Schools Act:

Signature of Chief Executive Officer

Date

Please return form within two weeks of incident to:

Mr. Dan Reich, 2500 North Lincoln Boulevard, Room 315, Oklahoma City, OK 73105-4599

Adoption Date: