* Notification

MARYSVILLE PUBLIC SCHOOLS
SCHOOL SAFETY DRILL INFORMATION
2016-2017

FOR:

Gardens
(Name of School)

Date of Drill: 4-19-17 Time of Drill: 1:00 pm

Type of Drill:

_____ **Fire Drill (6 Required)**

This report is for drill #___ of 6 required.
Rescheduled Date (If applicable) _____

X **Tornado Drill (2 Required)** State-Wide

This report is for drill #3 of 2 required.
Rescheduled Date (If applicable) _____

_____ **Lockdown Drill (4 Required)**

This report is for drill #___ of 4 required.
Rescheduled Date (If applicable) _____

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Responsible Person in charge of conducting drill (if not school principal)

Karen Bracey

Signature of school principal or designee acknowledging completion of drill

To be filled out and sent to Superintendent's Office immediately following every drill.