

School Drill Documentation

Type of Drill	Number/Schedule
Fire	Five drills – Three must be completed by December 1
Tornado	Two drills – One must be completed in March
Safety/Security	Three drills – One must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> One drill shall include security measures that are appropriate to an emergency, such as the release of a hazardous material. One drill shall include security measures of a potentially dangerous individual on or near the school premises. Seek input from the administration of the school and local public safety on the nature of the drill.

Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Barber Free Academy Principal: Nicole Arnold
 Date of drill: 12/1/2025 Number of students: 247 Number of Staff: 50
 Time initiated: 2:22 a.m. p.m. Time concluded 2:25 a.m. p.m.

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input checked="" type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks:

This report is for: (check box next to applicable drill)
 Fire drill number 1 2 3 4 5 for the 25-26 school year
 Tornado drill number 1 2 for the _____ school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Nicole Arnold

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 12/1/2025

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
 The form must be maintained on the school website for at least three years.*

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Barber Preparatory Principal: Nicole Arnold
 Date of drill: 11/14/2025 Number of students: 304 Number of Staff: 66
 Time initiated: 10:40 a.m. p.m. Time concluded 10:50 a.m. p.m.

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks:

This report is for: (check box next to applicable drill)
 Fire drill number 1 2 3 4 5 for the 25/26 school year
 Tornado drill number 1 2 for the _____ school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Nicole Arnold

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 11/14/2025

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____

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School: Barber Preparatory Acad. Principal: Nicole Arnold

Date of drill: 10/10/2025 Number of students: 311 Number of Staff: 53

Time initiated: 9:20 a.m. p.m. Time concluded 9:24 a.m. p.m.

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the 25/26 school year

Tornado drill number 1 2 for the _____ school year

Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Nicole Arnold

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/10/2025

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Barber Academy Principal: Nicole Arnold
 Date of drill: 09/10/2025 Number of students: 320 Number of Staff: 47
 Time initiated: 1:30 a.m. p.m. Time concluded 1:33 a.m. p.m.

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks:

This report is for: (check box next to applicable drill)
 Fire drill number 1 2 3 4 5 for the _____ school year
 Tornado drill number 1 2 for the _____ school year
 Safety/Security drill number 1 2 3 for the 25/26 school year

Name of person conducting drill: Nicole Arnold

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 09/10/2025

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____
 Agency: _____ Name: _____ Title: _____

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