

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 Preparatory Academy Principal: Nicole Arnold

Date of drill: 04/30/2026 Number of students: 325 Number of Staff: 57

Time initiated: 1:15 a.m. p.m. Time concluded 1:18 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 checked="" 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)

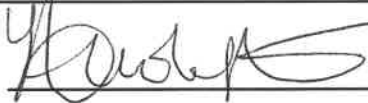
Fire drill number 1 2 3 4 5 for the 2025-2026 school year

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:  Date: _____

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: Bunker Preparatory Academy Principal: Nicole Arnold
 Date of drill: 04/27/2024 Number of students: 270 Number of Staff: 50
 Time initiated: 9:19 a.m. p.m. Time concluded 9:23 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 _____ school year

Name of person conducting drill: Laurena Land

Title of person conducting drill: Office Manager

Signature or person conducting drill: Laurena Land Date: 4/27/26

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 Academy Principal: Nicole Arnold
 Date of drill: April 9, 2026 Number of students: 345 Number of Staff: 600
 Time initiated: 1:50 a.m. p.m. Time concluded 1:55 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 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: _____ Fire drill number 1 2 3 4 5 for the _____ school year
 (check box next to applicable drill) 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: Nicole Arnold Date: 04/09/2026

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 Preparatory Academy Principal: Nicole Arnold
 Date of drill: 04-07-2026 Number of students: 299 Number of Staff: 59
 Time initiated: 1:49 a.m. p.m. Time concluded 1:52 a.m. p.m.

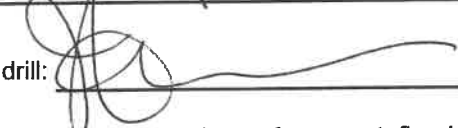
Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input checked="" type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly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

Remarks:

This report is for: _____ Fire drill number 1 2 3 4 5 for the _____ school year
 (check box next to applicable drill) Tornado drill number 1 2 for the 25/26 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:  Date: 04/07/2026

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

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Agency: _____ Name: _____ Title: _____

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