

School Drill Documentation Form

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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: April 14, 2025 Number of students: 245 Number of staff: 25
Time initiated: 11:15 (a.m./p.m.) Time concluded: 11:25 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 2 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock Date: 4/14/25

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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 10/2/24 Number of students: 245 Number of staff: 25
Time initiated: 10:45 (a.m./p.m.) Time concluded: 10:30 (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:
(circle number next to applicable drill)

Fire drill number 1 (2) 3 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 2 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 9/9/24 Number of students: 245 Number of staff: 25
Time initiated: 8:30 (a.m./p.m.) Time concluded: 8:45 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 2 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 11/8/24 Number of students: 245 Number of staff: 25
Time initiated: 2:20 (a.m./p.m.) Time concluded: 2:35 (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:
(circle number next to applicable drill)

Fire drill number 1 2 **3** 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 2 **3** for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 9/26/24 Number of students: 245 Number of staff: 25
Time initiated: 10:00 (a.m./p.m.) Time concluded: 10:15 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 2 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 3/11/25 Number of students: 245 Number of staff: 25
Time initiated: 9:15 (a.m./p.m.) Time concluded: 9:30 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 24/25 school year

Tornado drill number 1 (2) for the 24/25 school year

Safety/Security drill number 1 2 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 9/17/24 Number of students: 245 Number of staff: 25
Time initiated: 1:20 (a.m./p.m.) Time concluded: 1:35 (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:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 24/25 school year

Tornado drill number **1 2** for the 24/25 school year

Safety/Security drill number **(1) 2 3** for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 12/11/24 Number of students: 245 Number of staff: 25
Time initiated: 12:45 (a.m./p.m.) Time concluded: 1:00 (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 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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 24/25 school year

Tornado drill number 1 2 for the 24/25 school year

Safety/Security drill number 1 (2) 3 for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: _____

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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: Atlanta Community Schools
Principal: Tawny Hisscock
Date of drill: 2/11/25 Number of students: 245 Number of staff: 25
Time initiated: 12:15 (a.m./p.m.) Time concluded: 12:30 (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:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 24/25 school year

Tornado drill number **1 2** for the 24/25 school year

Safety/Security drill number **1 2 3** for the 24/25 school year

Name of person conducting drill: Tawny Hisscock

Title of person conducting drill: Principal

Signature or person conducting drill: Tawny Hisscock 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: MC Sheriff Name: Chad Brown Title: Sheriff

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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