

## 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"> <li>One drill shall include security measures that are appropriate to an emergency, such as the release of a hazardous material.</li> <li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li> <li>Seek input from the administration of the school and local public safety on the nature of the drill.</li> </ul>

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: Genesee Christian Principal: Mrs. Jodi Arnst  
 Date of drill: 8/23/24 Number of students: 127 Number of Staff: 19  
 Time initiated: 2:30  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: (check box 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 \_\_\_\_\_ school year  
 Safety/Security drill number  1  2  3 for the \_\_\_\_\_ school year

Name of person conducting drill: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 8-26-2024

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: Genesee Christian School Principal: Mrs. Jodi ARNST

Date of drill: Aug 26, 2024 Number of students: 127 Number of Staff: 16

Time initiated: 2:36  a.m.  p.m. Time concluded 2:40  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: 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 24-25 school year  
Safety/Security drill number  1  2  3 for the \_\_\_\_\_ school year

Name of person conducting drill: Mrs. Jodi ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 8-29-2024

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: Genesee Christian Elementary Principal: Mrs. Jodi Arnst

Date of drill: Sept 3, 2024 Number of students: 100 Number of Staff: 17

Time initiated: 2:38  a.m.  p.m. Time concluded 2:42  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 24-25 school year

Name of person conducting drill: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 9-3-2024

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: Gansee Christian Elementary Principal: Mrs. Jodi Arnst

Date of drill 9-9-2024 Number of students 123 Number of Staff 15

Time initiated 11:20  a m  p m Time concluded 11:24  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 type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other

Remarks Fire Alarm stopped ringing in lower el hallway.

This report is for  
 (check box 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 \_\_\_\_\_ school year

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

Name of person conducting drill Mrs. Jodi Arnst

Title of person conducting drill. Principal

Signature or person conducting drill Jodi Arnst Date 9-20-2024

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: Genesee Christian Elementary Principal: Mrs. Jodi Arnst

Date of drill: 9-20-2024 Number of students: 112 Number of Staff: 17

Time initiated: 2:40  a.m.  p.m. Time concluded 2:42  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 24-25 school year

Name of person conducting drill: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 9-20-2024

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: \_\_\_\_\_

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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: Genesee Christian School Principal: Mrs. Jodi Arnst

Date of drill: Nov 1, 2024 Number of students: 119 Number of Staff: 17

Time initiated: 12:41  a.m.  p.m. Time concluded 12:45  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 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 24-25 school year  
Tomado drill number 1 2 for the \_\_\_\_\_ school year  
Safety/Security drill number 1 2 3 for the \_\_\_\_\_ school year

Name of person conducting drill: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: Nov 1, 2024

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: Genesee Christian Elementary Principal: Mrs. Jodi Arnst  
 Date of drill: 3-12-2025 Number of students: 127 Number of Staff: 14  
 Time initiated: 11:45  a.m.  p.m. Time concluded 11:47  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 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 \_\_\_\_\_ school year  
 Tornado drill number  1  2 for the \_\_\_\_\_ school year  
 Safety/Security drill number  1  2  3 for the 24-25 school year

Name of person conducting drill: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 3/19/25

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: \_\_\_\_\_  
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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: Garesee Christian Elem. Principal: Mrs. Jodi Arnst

Date of drill: May 6, 2025 Number of students: 110 Number of Staff: 17

Time initiated: 2:37  a.m.  p.m. Time concluded 2:39  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 24-25 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: Mrs. Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 5-6-2025

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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