

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: Blended - Lansing Principal: Greg Morris
 Date of drill: 3/4/2025 Number of students: 77 Number of Staff: 12
 Time initiated: 12:30 a.m. p.m. Time concluded 12:32 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 3/4/2025

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: Benedict-Lansing Principal: Greg Morris
Date of drill: 5/15/25 Number of students: 79 Number of Staff: 13
Time initiated: 12:15 a.m. p.m. Time concluded 12:17 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 5/15/25

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: _____

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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: Blended - Lansing Principal: Greg Morris
 Date of drill: 10-9-24 Number of students: 97 Number of Staff: 12
 Time initiated: 10:15 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: 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 24-25 school year

Name of person conducting drill: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 10/9/24

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: DeWitt Township Police Name: Matt Marony Title: Chief
 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: Blended-Lansing Principal: Greg Morris
Date of drill: 12/17/24 Number of students: 89 Number of Staff: 12
Time initiated: 10:25 a.m. p.m. Time concluded 10:35 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: 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 24/25 school year

Name of person conducting drill: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 12/17/24

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: Blended-Lansing Principal: Greg Morris
 Date of drill: 1/23/2025 Number of students: 89 Number of Staff: 12
 Time initiated: 10:30 a.m. p.m. Time concluded 10:45 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: (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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 1/23/25

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: _____

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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: Blended Learning Academics Principal: Greg Morris
Lansing

Date of drill: 9/27/2024 Number of students: 97 Number of Staff: 12

Time initiated: 8:50 a.m. p.m. Time concluded 9:51:10 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 2024-2025 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 9/27/2024

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: Blended Learning Academics Principal: Greg Morris
Lansing

Date of drill: 10/17/2024 Number of students: 92 Number of Staff: 12

Time initiated: 11:55 a.m. p.m. Time concluded 11:56.09 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 2024-25 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 10/17/2024

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: Blended Learning Academics Principal: Greg Morris
Lansing

Date of drill: 11/25/2024 Number of students: 91 Number of Staff: 12

Time initiated: 12:30 a.m. p.m. Time concluded 12:31:04 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 2024-25 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 11/25/2024

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: _____

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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: Blended Learning Academics Principal: Greg Morris
Lansing

Date of drill: 3/21/2025 Number of students: 94 Number of Staff: 12

Time initiated: 10:45 a.m. p.m. Time concluded 10:46.06 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 2024-25 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 3/21/2025

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: Blended Learning Academics Lansing Principal: Greg Morris
 Date of drill: 5/8/2025 Number of students: 91 Number of Staff: 14

Time initiated: 9:40 a.m. p.m. Time concluded 9:40.07 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 2024-25 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: Greg Morris

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Morris Date: 5/8/2025

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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