

**WEAPONS/DRUG HEARING  
DATA ENTRY FORM**

Below is the required information when reporting a weapon/drug offense in order to schedule a hearing: *(Submit information to the Superintendent's Office via email.)*

STUDENT'S FIRST NAME:

STUDENT'S LAST NAME:

DATE OF BIRTH:

DATE OF INCIDENT:

GRADE LEVEL:

SCHOOL NAME:

SCHOOL NUMBER:

PARENT'S (1) FIRST NAME:

PARENT'S (1) LAST NAME:

PARENT'S (2) FIRST NAME:

PARENT'S (2) LAST NAME:

ADDRESS:

CITY:

PHONE NUMBER:

REGULAR EDUCATION / SPECIAL EDUCATION:

BRIEF DESCRIPTION OF THE INCIDENT: