



# SCHOOL SAFETY SEARCH REPORT

Student Services & Strategic Planning: School Safety

(252) 492-2127

- |   |                                       |                                     |                                  |  |   |  |   |                                    |
|---|---------------------------------------|-------------------------------------|----------------------------------|--|---|--|---|------------------------------------|
| <input type="checkbox"/> Aycock           | <input type="checkbox"/> Carver       | <input type="checkbox"/> Clarke     | <input type="checkbox"/> Dabney  | <input type="checkbox"/> LB Yancey       | <input type="checkbox"/> EO Young                       | <input type="checkbox"/> New Hope          | <input type="checkbox"/> Pinkston St.         | <input type="checkbox"/> Zeb Vance |
| <input type="checkbox"/> EM Rollins STEAM | <input type="checkbox"/> Vance Middle | <input type="checkbox"/> Vance High | <input type="checkbox"/> EC/VGCC | <input type="checkbox"/> AdVANCE Academy | <input type="checkbox"/> Administrative Services Center | <input type="checkbox"/> Maintenance Dept. | <input type="checkbox"/> Transportation Dept. |                                    |

## SEARCH WAS REQUESTED BY:

- |  |  |  |                                     |                                      |
|--|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> School Safety | <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Parent TIP | <input type="checkbox"/> Student TIP |
|--|--|--|-------------------------------------|--------------------------------------|

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Reason/Concerns: \_\_\_\_\_ Phone: \_\_\_\_\_

SEARCH TOOK PLACE  Before School  During School  After School  Lunch

SEARCH AREA  School/Halls  School Buses  Cafeteria  Student Parking

Time of Day:  am  pm  Concession  Gym/Stadium  Teacher Parking

## What was confiscated?

- |                                      |   |                                     |                                       |                                    |
|--------------------------------------|---|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Cigarettes  | <input type="checkbox"/> Knife          | <input type="checkbox"/> Snus       | <input type="checkbox"/> Swishers     | <input type="checkbox"/> Beer      |
| <input type="checkbox"/> Cigar/Blunt | <input type="checkbox"/> Lighter        | <input type="checkbox"/> Skoal      | <input type="checkbox"/> Black & Mild | <input type="checkbox"/> Alcohol   |
| <input type="checkbox"/> Cocaine     | <input type="checkbox"/> Brass Knuckles | <input type="checkbox"/> Copenhagen | <input type="checkbox"/> Ecstasy      | <input type="checkbox"/> Wine      |
| <input type="checkbox"/> Heroin      | <input type="checkbox"/> Razor Blades   | <input type="checkbox"/> Wrappers   | <input type="checkbox"/> Inhalants    | <input type="checkbox"/> Pills     |
| <input type="checkbox"/> Marijuana   | <input type="checkbox"/> Box Cutter     | <input type="checkbox"/> Red Man    | <input type="checkbox"/> Opium        | <input type="checkbox"/> Methadone |

## Item were found on the following student (s)

Name of Student: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_

Name of Adult: \_\_\_\_\_ Parent: \_\_\_ Gender: \_\_\_

Name of Adult: \_\_\_\_\_ Parent: \_\_\_ Gender: \_\_\_

Name of Adult: \_\_\_\_\_ Parent: \_\_\_ Gender: \_\_\_

Search Team Members:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

School Safety: \_\_\_\_\_ Date of Report: \_\_\_\_\_