

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: Vicksburg High School

Principal: Adam Brush

Date of drill: 9/24/25

Number of students: 750

Number of Staff: 75

Time initiated: 7:45 a.m. p.m. Time concluded 7:52 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 2025-26 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: High School Principal

Signature or person conducting drill: Adam Brush Digitally signed by Adam Brush
Date: 2025.09.25 09:51:48
-04'00' Date: 9/25/25

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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School: Vicksburg High School

Principal: Adam Brush

Date of drill: 10/10/2025

Number of students: 750

Number of Staff: 80

Time initiated: 9:18

a.m p.m. Time concluded 9:23am

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 2025-2026 school year

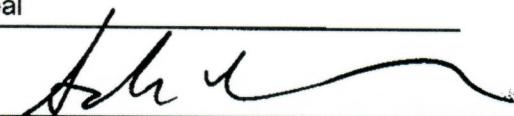
Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:



Date: 10/10/2025

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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School: Vicksburg High School

Principal: Adam Brush

Date of drill: 10/24/2025

Number of students: 750

Number of Staff: 80

Time initiated: 10:14 a.m p.m. Time concluded 10:19am 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 2025-2026 school year

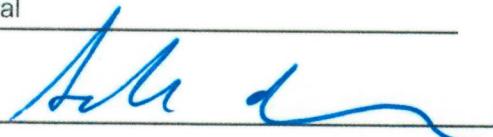
Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:



Date: 10/24/25

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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School: Vicksburg High School

Principal: Adam Brush

Date of drill: 11/4/2025

Number of students: 750

Number of Staff: 80

Time initiated: 1:35 a.m p.m. Time concluded 1:40am 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 2025-2026 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: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:



Date: 11/4/2025

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: _____

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School: Vicksburg High School

Principal: Adam Brush

Date of drill: 12/11/2025

Number of students: 750

Number of Staff: 80

Time initiated: 12:58 a.m p.m. Time concluded 1:05 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)

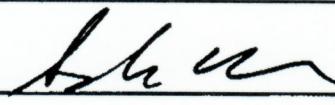
Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the 2025-2026 school year

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

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill: 

Date: 12/11/2025

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: Vicksburg High School

Principal: Adam Brush

Date of drill: 12/16/2025

Number of students: 750

Number of Staff: 80

Time initiated: 11:38 a.m p.m. Time concluded 11:44 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)

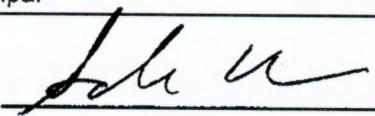
Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

Safety/Security drill number 1 2 3 for the 2025-2026 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill: 

Date: 12/16/24

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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