

## 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: Vicksburg Pathways High School Principal: Kelli Luke

Date of drill: 09-10-25 Number of students: 17 Number of Staff: 9

Time initiated: 10:00  a.m.  p.m. Time concluded 10:05  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 25/26 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: Kevin Platte

Title of person conducting drill: Teacher

Signature or person conducting drill: Kevin Platte Date: 9/10/25

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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Vicksburg  
School: Pathways High School Principal: Kelli Luke

Date of drill: 10-02-25 Number of students: 14 Number of Staff: 7

Time initiated: 2:05  a.m.  p.m. Time concluded 2:11  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 25/26 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: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 10/2/25

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 Pathways High School Principal: Kelli Luke

Date of drill: 11-06-25 Number of students: 23 Number of Staff: 9

Time initiated: 12:00  a.m  p.m. Time concluded 12:04  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 checked="" 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 25/26 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: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 11/10/25

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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Vicksburg  
School: Pathways High School Principal: Kelli Luke

Date of drill: 11-19-25 Number of students: 12 Number of Staff: 6

Time initiated: 9:00  a.m.  p.m. Time concluded 9:05  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: 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 25/26 school year

Name of person conducting drill: JAMES D. YOUNG Jr.

Title of person conducting drill: TEACHER / COVERAGE

Signature or person conducting drill: James D. Young Jr. Date: 11/19/25

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: \_\_\_\_\_

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 Pathways High School Principal: Kelli Luke  
Date of drill: 01-14-26 Number of students: 18 Number of Staff: 8  
Time initiated: 10:05  a.m.  p.m. Time concluded 10:09  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: 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 25/26 school year

Name of person conducting drill: James Young

Title of person conducting drill: TEACHER

Signature or person conducting drill: James Young Date: 1/14/26

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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