

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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 8/26/2025 Number of students: 224 Number of Staff: 19

Time initiated: 10:45 a.m. p.m. Time concluded 10:49:15 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 2025/2026 school year

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

Name of person conducting drill: Mr. M Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o.ou,
 email=mbrown@trinityct.org,
 c=US
 Date: 2025.09.15 09:38:54 -0400 Date: 9/15/2025

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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 9/25/2025 Number of students: 210 Number of Staff: 21

Time initiated: 10:00 a.m. p.m. Time concluded 10:06:46 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 _____ school year

Name of person conducting drill: MR. M Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org, c=US
 Date: 2025.09.25 15:20:28 -04'00' Date: 9/25/2025

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: Trinity Lutheran School Principal: Mr. M Brown

Date of drill: 10/24/2025 Number of students: 193 Number of Staff: 18

Time initiated: 1:00 a.m. p.m. Time concluded 1:03:31 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 2025/2026 school year

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

Name of person conducting drill: Ms. Jill Kopper

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 10/24/2025

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: Trinity Lutheran School Principal: Mr. M Brown

Date of drill: 11/13/2025 Number of students: 221 Number of Staff: 18

Time initiated: 12:20 a.m. p.m. Time concluded 12:23:19 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 type="checkbox"/> Passing time	<input checked="" 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: (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 2025/2026 school year

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

Name of person conducting drill: Mr. M Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 11/20/2025

Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinitycl.org, c=US
 Date: 2025.11.20 09:58:54 -05'00'

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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 12/08/2025 Number of students: 219 Number of Staff: 18

Time initiated: 2:15 a.m. p.m. Time concluded 2:19:15 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 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 2025/2026 school year

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

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

Name of person conducting drill: Mr. M Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 12/16/2025

Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org, c=US
 Date: 2025.12.16 10:32:24 -05'00'

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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 02/02/2026 Number of students: 212 Number of Staff: 20

Time initiated: 9:15 a.m. p.m. Time concluded 9:18:58 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 2025/2026 school year

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

Name of person conducting drill: Mr. Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 02/02/2026

Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinitycl.org, c=US
 Date: 2026.02.02 09:33:40 -0500

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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 02/19/2026 Number of students: 218 Number of Staff: 20

Time initiated: 2:15 a.m. p.m. Time concluded 2:18:38 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: HAZMAT Drill

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 2025/2026 school year

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

Name of person conducting drill: Mr. Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org, c=US
 Date: 2026.02.26 14:51:51 -05'00' Date: 2/26/26

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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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: Trinity Lutheran School Principal: Mr. Mark Brown

Date of drill: 03/10/2026 Number of students: 217 Number of Staff: 19

Time initiated: 10:00 a.m. p.m. Time concluded 10:12:25 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 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 2025/2026 school year

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

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

Name of person conducting drill: Mr. M Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org, c=US
 Date: 2026.03.10 15:19:00 -04'00' Date: 03/10/2026

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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