SCHOOL SAFETY COMMITTEE REPORT

Send to NCC Office of Education

Due in late October each school year

Complete and send to the Office of Education, Northern California Conference of SDA

I. Name of School: _____

Name of School Safety Committee Chairman: _____

School Safety Committee Chairman Email Address: _____

Members of the School Safety Committee:

Frequency of planned committee meetings: _____

II. How is safety awareness promoted for staff and students each year?

III. Have plans for Safety committee Reports to the School Board been arranged? Please state the plan.

IV. Annual Review of School Disaster Plan has been completed: Yes ◯ No ◯

_____ _____

Signature of the Chairperson/Secretary of the Safety Committee Date