


POLICY IFGA – Interrogation/Search of Students and Seizure of Property

ATTACHMENT ‘C’

		<h1>STUDENT SEARCH REPORT</h1>	
Location of search, including address:			
Student's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Student's School:		Grade:	
Date of Birth:	Day: Month: Year:		
Home Address:		Home Phone: Cellular Phone:	
Parent/Guardian Name(s):			
Date of Search:	Day: Month: Year:	Time of Search:	
What were the grounds for this search? (Please check one or more)	<input type="checkbox"/> Information from a reliable source <input type="checkbox"/> Information from several sources <input type="checkbox"/> Teacher or Principal's own observation		
What was searched? (Please check ALL that apply)	<input type="checkbox"/> Locker <input type="checkbox"/> Bag <input type="checkbox"/> Purse <input type="checkbox"/> Backpack <input type="checkbox"/> Jacket <input type="checkbox"/> Car <input type="checkbox"/> Person <input type="checkbox"/> Computer <input type="checkbox"/> Personally Owned Device <input type="checkbox"/> Other (Please Describe Below):		
Personal Search? (Please check all those applicable)	<input type="checkbox"/> Emptying Pockets <input type="checkbox"/> Rolling up Sleeves or Pant Cuffs <input type="checkbox"/> Removing Head Coverings, Outdoor Clothes, Socks or Shoes <input type="checkbox"/> Other (Please Describe Below)		
Exact location of the search?			
Who conducted the search?			
Who was present during the search?			
What was found during the search?	<input type="checkbox"/> Nothing <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Explosives <input type="checkbox"/> Other (Please Describe Below)		
Describe the disposition of a seized item(s)			
Where the police called?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Time:	Police File Number:
Which parent/guardian was called and when?	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Guardian: _____		Time: Time:
What disciplinary measures are being contemplated or have been initiated?			
Name and position of person conducting the search (Please print):			

**A copy of this pay of the document can be given to the requesting official if requested.*

***In accordance with Horizon School Division Policy IO Student Records and Policy JB FOIP , this completed document may qualify for exemption under Section 19 of the Freedom of Information and Protection of Privacy Act.**