Safety Alert Form

West ISD Students,

Please fill in the blanks and check the boxes that apply and give this form to any school official (Principal, Assistant Principal, Office Secretary, Counselor, Teacher, Coach, etc).

Name (optional): ________________________________ Date: ________________________________

I am concerned about ______________________________________________________________ who is in _______ grade.

☐ I think he/she is a victim of bullying and/or cyber-bullying.

☐ I think he/she is bullying others (includes cyber-bullying).

☐ He/she is threatening to hurt him/herself.

☐ He/she is threatening to hurt someone else.

☐ I think he/she has a weapon at school.

☐ I think he/she is in a gang.

☐ I think he/she is using or selling drugs or alcohol.

☐ I am being threatened or hurt by someone else at school or home.

☐ Other - Please explain: ______________________________________________________________________________________

______________________________________________________________________________________

Telling a falsehood on a Safety Alert form is a Class III offense in the West ISD Student Code of Conduct.