

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

Code: CKA- R1

APPLICATION TO CARRY FIREARM ON SCHOOL PROPERTY

The purpose of this form is to provide information to determine if the Board will authorize you to carry a firearm on School District property pursuant to School District Policy CKA.

1. Full Name (Last, First, M.) _____ Date Of Birth (MM-DD-YY) _____

2. Personal Descriptors
Sex: Male Female

3. Telephone Number (Include Area Code):
Home: _____ Work: _____ Ext: _____

4. Drivers License Number: _____ State: _____

5. Current Concealed Carry Permit Number: _____
Expiration Date: _____
County Issued: _____

6. Current Position in the district and location. _____

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Have you ever been charged in any court for a crime punishable by imprisonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been convicted in any court of a crime punishable by imprisonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you been found guilty or pled nolo contendere to a crime of violence constituting a misdemeanor offense within the last ten (10) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever been subject to a court order restraining you from harassing, stalking, or threatening anyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you a fugitive from justice? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you been convicted of a misdemeanor violation of the Wyoming Controlled Substances Act of 1971, W.S. 35-7-1001 through 35-7-1057 or similar laws of any other state or the United States relating to controlled substances within the 10-year period prior to the date of application? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you ever been adjudicated mentally defective or incompetent or have you ever been committed to a mental institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Have you ever been anything but honorably discharged from the Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Are you an alien illegally in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |

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- k. Do you chronically or habitually use alcoholic liquor, malt beverages or over the counter medications to the extent that your normal faculties are impaired?
- l. Have you ever been involuntarily committed to a residential facility as a result of the use of alcohol within ten (10) years prior?
- m. Have you ever been committed to a state or federal facility for abuse of a controlled substance within ten (10) years prior?
- n. Do you suffer from any physical infirmity which prevents the safe handling of a firearm?

Please check appropriate box:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. I wish to make formal application to Conceal Carry for PCSD 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I understand that if approved I will need to complete the training requirements for concealed carry as specified by PCSD 6 CKA policy and regulations (CKA-R4). | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I understand that if approved I will need to complete a psychological suitability exam and the Wyoming DFS Central Registry Screening with results provided to PCSD6 administration as specified in Policy CKA. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I understand that being approved for <u>Conceal Carry</u> for PCSD 6 is completely voluntary. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you plan on concealing your weapon in a concealed biometric container? If yes, where would this be located _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have received, read and agree to comply with regulation CKA-R5 - Mandatory Drug and Alcohol Testing Regulation. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I understand that my application and any decisions made are to be held completely confidential. | <input type="checkbox"/> | <input type="checkbox"/> |

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Briefly explain why you wish to Conceal Carry for PCSD 6. Include any information that you may want the District to know in making its decision. Attach additional sheet if necessary.

NOTARIZATION REQUIRED BY HUMAN RESOURCES, PLEASE SIGN THE FOLLOWING IN THE HUMAN RESOURCES OFFICE:

I execute this application under oath or affirmation and hereby attest that the above application is true and complete to the best of my knowledge. I understand that it is my responsibility to read, understand and comply with Policy CKA. I further understand that the Board of Trustees of Park County School District No. 6 may, in their sole and absolute discretion, deny my application for any reason or no reason. If the Board of Trustees approves my application, I understand the Board can suspend or revoke my application at any time, with or without cause.

Initial

I acknowledge that I am submitting this application to carry a firearm voluntarily, and of my own free will. I understand that the decision to carry a firearm is not required by Park County School District No. 6 and I am not compelled or required to carry a firearm in order to perform my duties. By submitting this application to the school district, I understand that I am taking full responsibility for my actions by carrying a firearm to school if my application is approved. I understand that it is my obligation to fully comply with any and all federal, state and local laws. I hereby, for myself, my heirs and representatives, release, indemnify and hold harmless Park County School District No. 6, its current and former trustees, board members, officers, employees, agents, attorneys, and officers in the event of any claims, complaints, lawsuits, losses, damages, and judgments of any kind which arise out of my use, carrying, or firing of a firearm pursuant to the approval by the Board of Trustees of my application. This indemnification provision includes all costs, expenses and attorney's fees incurred to defend such claims.

Initial

I understand I will not at any time (whether during or after the process of applying to conceal carry on school district property and irrespective of whether my application is approved or rejected) retain, use, disclose, divulge, reveal, communicate, share, transfer or provide to any

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third party not connected to the District concealed carry program any information concerning the identity, location or number of those involved in the concealed carry program in the District or any information concerning the concealed carry program that has not been made public without the prior written authorization of the Board. A violation of this paragraph will result in disciplinary action.

Initial

I certify that I have read and understand the contents of Policy CKA, and all applicable regulations, including Regulation CKA-R5, "Mandatory Drug and Alcohol Testing Regulation". I understand that by signing this application, I agree to abide by the terms and conditions of Park County School District No. 6's drug testing program for employees who conceal carry a firearm. I consent to Park County School District No. 6, and their agents and representatives, collecting breath, saliva, blood or urine samples from me for purposes of testing for drugs and /or alcohol use. I authorize Park County School District No. 6 to conduct random drug and alcohol tests on my breath, saliva, blood or urine at any time as long as I am authorized to carry a firearm pursuant to policy CKA. I also authorize the release of information concerning the results of a test to the administrators and Board of Trustees of Park County School District No. 6 and to the contracted testing / consulting service.

Initial

Nothing herein is intended to limit or prevent the school district or any board member or employee from asserting the defense of governmental immunity to any claim arising from the possession or use of a firearm. To the extent an employee uses a firearm as authorized by and in compliance with this policy, such conduct shall be deemed to be within the scope of the employee's employment for immunity purposes.

Applicant

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Subscribed and sworn to under oath or affirmed before me by _____

(applicant) this _____ day of _____, 20____.

WITNESS my hand and official seal.

(S E A L)

Notary Public

My Commission Expires: _____

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For Office Use ONLY:

I. Date received by School District: _____

II. Applicant's request to carry reviewed by Applicant & Superintendent: _____
Date _____

III. Superintendent consults with applicant's direct supervisor: _____
Date _____

IV. Approved for Wyoming DFS Central Registry Screening: _____
Date _____ Superintendent Signature _____
Pass _____ Fail _____

V. Approved for Conceal Carry psychological suitability exam: _____
Date _____ Superintendent Signature _____
Pass _____ Fail _____

VI. Board approved for initial training: _____
Date _____ Superintendent Signature _____
Approved _____ Denied _____

Please check appropriate box:

Y **N**
 Has provided documentation of a (current) valid Wyoming concealed firearm permit.
Validated by the Park County Sheriff's Department on:

Date ___ / ___ / 20___
Initial _____

 Has completed a waiver for Wyoming DFS Central Registry Screening.

Results Received Date ___ / ___ / 20___
Initial _____

 Has completed a psychological suitability exam with results.

Results Received Date ___ / ___ / 20___
Initial _____

 Has provided documentation of successful completion of the initial Training for
School Concealed Carry as defined in Park County School District No. 6 Policy CKA
and regulation (CKA- R-4).

Date ___ / ___ / 20___
Initial _____

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Please provide:

Make	Model	Ammunition
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Location of concealed biometric container _____ or N/A

Final approval with Park County School District No. 6 Board of Trustees:

A Park County School District No. 6 Application to Carry Firearm on School District Property for the above-mentioned employee has been:

Approved: _____ **Denied:** _____

Signature of Superintendent of Schools: _____

Signature of Board of Trustees Chair: _____

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ANNUAL TRAINING

Record of provided documentation of successful completion of annual training for School Conceal Carry as defined in policy CKA and CKA-R4.

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Record of provided documentation of inspection and condition of firearm from a certified armorer.

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Signature/ Date

Record of CKA-R2-E – FIREARM OR HOLSTER CHANGE ORDER

Signature/ Date

Signature/ Date

Adopted: 4/17/2018