

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

1st Reading – Policy CKA-R1

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 (Area Code, Then Number):
Home: _____ Work: _____ Ext: _____
4. Drivers License Number: _____ State: _____
5. Current Concealed Carry Permit Number: _____
Expiration Date: _____
County Which Issued Current Permit: _____

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Are you under indictment or information 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"/> |
| k. Do you chronically or habitually use alcoholic liquor or malt beverages to the extent that your normal faculties are impaired? | <input type="checkbox"/> | <input type="checkbox"/> |

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- 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 Park CSD 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I understand that if authorized I will need to complete the training requirements for concealed carry as specified by Park CSD 6 CKA policy and regulations (CKA-R4). | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I understand that if authorized I will need to complete a psychological suitability exam and the Wyoming DFS Central Registry Screening and provide results of exam to Park CSD 6 administration as specified by Park CSD 6 CKA policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I understand that being approved for <u>Conceal Carry</u> for Park CSD 6 is completely voluntary. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you plan on concealing your weapon in a concealed biometric container or lock box?
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 Random Drug, Alcohol and Controlled Substance Testing Regulation for Concealed Carry. | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Current position with the District:

School Site (check appropriate site(s)):

Eastside Elementary School	Sunset Elementary School		Livingston Elementary School	
Valley Elementary	Wapiti Elem. School		Cody Middle School	
Cody High School	Heart Mt. Academy		District-wide	

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.

By signing below, 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.

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

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Y N

 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 _____

 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 psychological suitability exam with results.

Results Received Date ___ / ___ / 20___
Initial _____

 Has completed a waiver for Wyoming DFS Central Registry Screening.

Results Received Date ___ / ___ / 20___
Initial _____

Please provide:

_____ _____ _____
Make Model Ammunition

Location of concealed biometric container or lock box _____ or N/A

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

A Park County School District No. 6 **school sentinel** for the above-mentioned employee has been:

Approved Denied

Signature of Superintendent of Schools: _____

Signature of Board of Trustees Chair: _____

Documentation of qualification and recurrent trainings annually.