

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

**NOTIFICATION TO CARRY FIREARM ON SCHOOL PROPERTY**

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. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

5. Current Concealed Carry Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

County Issued: \_\_\_\_\_

6. Current Position in the district and location. \_\_\_\_\_

7. Current Building Administrator or Direct Supervisor \_\_\_\_\_

8. Copy of WY concealed carry permit \_\_\_\_\_

Copy of valid ID \_\_\_\_\_

Proof of training \_\_\_\_\_

Proof of lockbox \_\_\_\_\_

Employee and Volunteer Disclosures

**Please complete the following form with Human Resources for proper notarization.**

I execute this notification under oath or affirmation and hereby attest that the above notification 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.

\_\_\_\_\_ Applicant Signature

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: \_\_\_\_\_