

CONTRABAND SUBSTANCE SEIZURE FORM

ST-9

Part A:

Student's Name: _____ Age: _____ Grade: _____

Date of Incident: _____

Brief Description of Incident: _____

Description of Substance Seized	Quantity	Witnesses – Initials

Employee's Signature: _____ Date: _____

Employee is to complete the above and forward it to the Principal.

Part B:

Substance has been seized by the R.C.M.P.

I have received the substance indicated above.

Principal's Signature

Date

Principal: Forward copy to Division Office

Part C:

Date _____

Substance may be disposed of after 30 days if, in the Principal's opinion, the matter has been resolved.

I have disposed of the above in the following manner: _____

Principal
9 May 2000 (221)

Witness

Witness