

**PINE CREEK SCHOOL DIVISION**

School: \_\_\_\_\_

**CLASSROOM KEY DISTRIBUTION FORM**

School Year: \_\_\_\_\_

(copy to be sent to Division Office with September & June month end report)

Reason: Lock Down Drill (L) or Regular Key Check (K) (circle one) ----->			(L) (K) (Other)	(L) (K) (Other)	(L) (K) (Other)		
Employee Name (alphabetical order)	Key Number	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	SUPERVISOR SIGNATURE
		___/___/___ ISSUED	___/___/___ CHECK	___/___/___ CHECK	___/___/___ CHECK	___/___/___ RETURNED	

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**NOTE:** All keys are to be collected by the building administrator at the end of the school year.

**A LOST KEY IS TO BE REPORTED IMMEDIATELY TO THE MAINTENANCE SUPERVISOR**

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