

San Diego Unified School District

ICS FORM #3 - STUDENT ACCOUNTING

Site name:	Room #	Date:	Time:
Roll Call Completed? YES _____ NO _____	Number of students currently present: _____		

If students are missing, or there are additional people not on the roster with you, complete below:

Personnel/Students/Visitors Present Not on Class Roster

Name	Age	M/F	Description (Hair, Eyes, Height, Build, Clothes)	Current Location	Student? Y/N	Injured? Y/N	Special Needs?

If anybody is injured or in need of medical attention, send them to First Aid as soon as it is safe to do so

Missing Students

Name	Age	M/F	Description (Hair, Eyes, Height, Build, Clothes)	Last known Location	Special Needs?	Injured? Y/N	Found? Y/N

Additional Information: (Report gas/water leaks, blocked exits, structural damage, suspicious persons, etc)

Prepared by:	Position/Title:	Signature:
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