



**Violence Threat Risk Assessment  
Notification  
Lloydminster Catholic School Division  
(to be placed in student cumulative folder)**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

A formal threat assessment was conducted regarding the above student.

Please contact \_\_\_\_\_ at

\_\_\_\_\_ for further information.  
(school name and phone #)

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date