School Crossing Guard Request Form



acgov.org/pwa

SCHOOL INFORMATION

School Name:	
Address:	
Number of Students:	
Grade Levels:	
School Hours:	
Dismissal Times:	

INTERSECTION INFORMATION

Intersection(s)	
Requested for Assessment:	

CONTACT INFORMATION AND SCHOOL PRINCIPAL ENDORSEMENT

Primary Contact:		
Telephone Number:	Email Address:	
Mailing Address:		
(if different from school)		
Name of Principal:		
Telephone Number:	Email Address:	
Signature:		

PLEASE FAX COMPLETED FORM TO (510) 670-5052 ATTN: ADULT SCHOOL CROSSING GUARD PROGRAM PLEASE ALLOW 90 DAYS FOR ASSESSMENT.