## 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:	E	mail Address:
Mailing Address: (if different from school)		
Name of Principal:		
Telephone Number:	E	mail Address:
Signature:		

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