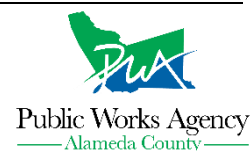


## School Crossing Guard Request Form



[acgov.org/pwa](http://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

<b>Primary Contact:</b>	
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.