

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.*