

# Adult School Crossing Guard Request Form



## SCHOOL INFORMATION

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

## INTERSECTION INFORMATION

|                                              |              |
|----------------------------------------------|--------------|
| Intersection(s)<br>Requested for Assessment: | <br><br><br> |
|----------------------------------------------|--------------|

## CONTACT INFORMATION AND SCHOOL PRINCIPAL ENDORSEMENT

|                                                |                |
|------------------------------------------------|----------------|
| Primary Contact:                               |                |
| Telephone Number:                              | Email Address: |
| Mailing Address:<br>(If different from school) |                |
| Name of Principal:                             |                |
| Telephone Number:                              | Email Address: |
| Signature:                                     |                |

PLEASE E-MAIL COMPLETED FORM TO [CROSSINGGUARDS@SFMTA.COM](mailto:CROSSINGGUARDS@SFMTA.COM)