

SCHOOL CROSSING GUARD REQUEST FORM



Instructions: Please fill out a separate form for each location where you are requesting a new School Crossing Guard. Answers may be typed directly into this form or you may print the document and fill it out by hand.

SCHOOL INFORMATION		
School Name:		
Address:		
Number of Students:		
Grade Levels:		
School Start Time:		
School Dismissal Time:		
LOCATION INFORMAT	ION	
	Requested for Assessment for a School Crossing Guard (For ansylvania Avenue NW; or Pennsylvania Avenue NW between 16 th	
street at the location. Please co Crossing Guard is being reque the count during the morning of	ist Count four period, morning or afternoon, and count how many students cross the bunt all students who cross any street at the location where the School sted, but you may not count any student more than once. You may conduct or the afternoon but the count must occur during a single 60-minute period than independent verification of the count submitted on this form.	
Date of Count:		
Start Time of Count:	End Time of Count:	
Number of Student Pedest	rians counted:	
Number of Student Bicycl	ists counted:	



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	School Crossing Guard is Needed at this Location icles, there is poor visibility, or there is no traffic
SCHOOL PRINCIPAL ENDORSEME	NT AND CONTACT INFORMATION
Principal/Assistant Principal Name:	
Telephone Number:	E-mail Address:
Mailing Address (if Different from Scho	ool):
Principal/Assistant Principal Signature:	: Date:
Du siquing I attent that the information on this form is t	

By signing, I attest that the information on this form is true and accurate, to the best of my knowledge.

E-mail or Fax Completed forms to:

customerservice.ddot@dc.gov (202) 671-0650

Or via postal mail to:

DDOT Customer Service Reeves Center, 5th Floor 2000 14th Street NW Washington, DC 20009

Please allow 30 days for assessment.

For more information, call the DDOT Office of the Director at 202-673-6813 or go to www.ddot.dc.gov