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**Request for a School Crossing Guard**

### ****School crossing guards help students stay safe from traffic as they make their way to and from school.****

**If you are interested in having a traffic survey conducted in your area to determine whether your school community meets the minimum required criteria (based on data collection at the requested location) for a school crossing guard, please complete the following online form.**

### ****APPLICANT CONTACT INFORMATION:****

**Please provide the date of this request:** Click here to enter a date.

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Street Number:** Click here to enter text.

**Street Name:** Click here to enter text.

**Apartment Number:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Contact Phone Number:**  Click here to enter text.

**Email:** Click here to enter text.

### SCHOOL DETAILS:

**Please provide the full name of the school:** Click here to enter text.

**Please provide the school's address**

**Street Number:**  Click here to enter text.

**Street Name:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Please provide the school's grade level of school** (check all that apply)

[ ]  **Primary/Junior (Kindergarten – Grade 6)**

[ ]  **Junior/Intermediate (Grade 4 – Grade 10)**

[ ]  **Intermediate/Senior (Grade 7 – Grade 12**)

[ ]  **Other, please specify:** Click here to enter text.

**Please provide the start of school's bell time(s).**

**A.M. Morning Period:**

[ ]  **8:00 a.m.**

[ ]  **8:15 a.m.**

[ ]  **8:30 a.m.**

[ ]  **8:45 a.m.**

[ ]  **9:00 a.m.**

[ ]  **9:15 a.m.**

[ ]  **9:30 a.m.**

[ ]  **Other, please specify:** Click here to enter text.

**Please provide the start of school's bell time(s).**

**Lunch Period:**

[ ]  **11:00 a.m.**

[ ]  **11:15 a.m.**

[ ]  **11:30 a.m.**

[ ]  **11:45 a.m.**

[ ]  **12:00 p.m.**

[ ]  **12:15 p.m.**

[ ]  **12:30 p.m.**

[ ]  **Other, please specify:** Click here to enter text.

**Please provide the start of school's bell time(s).**

**Dismissal Period:**

[ ]  **3:00 p.m.**

[ ]  **3:15 p.m.**

[ ]  **3:30 p.m.**

[ ]  **3:45 p.m.**

[ ]  **4:00 p.m.**

[ ]  **4:15 p.m.**

[ ]  **4:30 p.m.**

[ ]  **Other, please specify:** Click here to enter text.

### REQUEST FOR A SCHOOL CROSSING GUARD:

**Please provide the requested location (intersection):**

Click here to enter text.

### Please attach to this form a diagram, or image identifying the desired location.

**Is there any additional information about this location you would like to share?**

Click here to enter text.

### ADDITIONAL INFORMATION:

**Indicate the reason for requesting a new school crossing guard.**

Click here to enter text.

**Are you a parent/guardian of a child that attends this school?**

[ ]  **Yes**

[ ]  **No**

**If you answered yes to the above question, does your child walk to this school?**

[ ]  **Yes**

[ ]  **No**

**If you are not a parent/guardian of a child that attends this school, what is your affiliation?**

[ ]  **Community Member**

[ ]  **School Staff**

[ ]  **Other, please specify:** Click here to enter text.

**I acknowledge the Principal (or delegate) of the school referenced has been made aware of this Request for a Crossing Guard.**

[ ]  **Yes**

[ ]  **No**

**Indicate the date on which the Principal was informed about the request for a school crossing guard (or delegate).**

Click here to enter a date.

**Enter the Principal (or delegate) information:**

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Street Number:** Click here to enter text.

**Street Name:** Click here to enter text.

**Apartment Number:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Contact Phone Number:**  Click here to enter text.

**Email:** Click here to enter text.

 **I acknowledge the Councillor (or delegate) of the school referenced has been made aware of this Request for a Crossing Guard.**

[ ]  **Yes**

[ ]  **No**

**Indicate the date on which the Councillor was informed about the request for School Crossing Guard.**

Click here to enter a date.

**Enter the Councillor (or delegate) information:**

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Street Number:** Click here to enter text.

**Street Name:** Click here to enter text.

**Apartment Number:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Contact Phone Number:**  Click here to enter text.

**Email:** Click here to enter text.

*Please note that only fully completed forms will be processed.*

*If you have any questions or inquiries, please contact* *schoolcrossingguard@toronto.ca*

*For more information on school crossing guard program, please visit:* [*toronto.ca/SchoolCrossingGuard*](http://www.toronto.ca/SchoolCrossingGuard)