SCHOOL CROSSING GUARD REQUEST FORM

This form is designated for use by Dallas ISD campuses requesting new and/or additional crossing guard services for intersections near elementary schools.

Please forward this completed form to Dianna Thompson at **dithomps@dallasisd.org** for processing with the City of Dallas. After completion of a field assessment, which generally takes up to 60 business days, the assessment result and determination will be provided to the requester.

Please print this form and complete the following information:

Name of School: _____

Address of School: _____

Requester Name: _____

Telephone Number: _____ Email Address: _____

How Many Crossing Guards Does the School Currently Have? _____
Location(s) of the Current Crossing Guards:

_____ & _____

_____ & _____

New/Additional Guard(s) Requested At (street /intersections):

_____ & _____

_____ & _____

Approximate Number of Students Using this Route: _____

Additional details: _____

_____

Requester's Signature: _____ Date: _____

If you have questions regarding the Dallas ISD Crossing Guard program, please contact Dianna Thompson, Dallas ISD Operation Services at dithomps@dallasisd.org , (972) 925-4937.