AUBURN SCHOOL DISTRICT NO. 408
Auburn, Washington

REQUEST FOR REVIEW OF SAFE WALKING CONDITIONS

Student's Name: _____ Age: _____
Last First Middle

School: _____ Grade: _____

Parent/Guardian(s): _____ Telephone: _____ (Work)

_____ Telephone: _____ (Home)

Address: _____
Street City Zip

Bus Stop Location: AM _____ PM _____
(If applicable)

I request a review for the above named student because of the following walking and safety condition.
(See definitions and disclaimer on reverse side of the form.)

Physical Hazard: _____

_____

_____

_____

Requested Action: _____

_____

_____

Social Hazard: Perceived problem(s) - Please check (☐) specific hazard(s).

- ☐ Dangerous Drugs/Alcohol
- ☐ Sex Offenders/Predators
- ☐ Street Violence
- ☐ Specific Environmental Circumstance
- ☐ Other: _____

Details: _____

_____

_____

_____

Requested Action: _____

_____

_____

Parent/Guardian Signature _____ Date _____

Principal Signature _____
(Reviewed by Principal or Designee)

RETURN ALL COPIES TO YOUR SCHOOL

White - Transportation Yellow - Law Enforcement Agency Pink - Principal Goldenrod - Parent Copy: Safety Director