

Clark County School Crossing Guard Request Form



https://www.clarkcountynv.gov/government/departments/public_works_department/requests/traffic_safety_info.php

SCHOOL INFORMATION

SCHOOL NAME:	
ADDRESS:	
NUMBER OF STUDENTS:	
GRADE LEVELS:	
SCHOOL HOURS:	
DISMISSAL TIMES:	

INTERSECTION INFORMATION

INTERSECTION(S) REQUESTED FOR ASSESSMENT:	

CONTACT INFORMATION AND SCHOOL PRINCIPAL ENDORSEMENT

PRIMARY CONTACT:	EMAIL ADDRESS:
TELEPHONE NUMBER:	
MAILING ADDRESS (IF DIFFERENT FROM SCHOOL):	
NAME OF PRINCIPAL:	
SCHOOL TELEPHONE NUMBER:	CCSD EMAIL ADDRESS:
PRINCIPAL SIGNATURE (REQUIRED):	

PLEASE SEND ELECTRONIC COMPLETED FORM TO lonnie.wilborn@clarkcountynv.gov ATTN: SCHOOL CROSSING GUARD PROGRAM

PLEASE ALLOW 90 DAYS FOR ASSESSMENT

10/11/2021