CITY OF LAS VEGAS
SCHOOL CROSSING GUARD REQUEST FORM

SCHOOL INFORMATION

ELEMENTARY SCHOOL NAME:	
ADDRESS:	
APPRX. NUMBER OF STUDENTS:	
MORNING BELL TIME	
AFTERNOON BELL TIME:	

INTERSECTION INFORMATION

INTERSECTION REQUESTED FOR ASSESSMENT:	

CONTACT INFORMATION AND SCHOOL PRINCIPAL ENDORSEMENT

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

PLEASE ALLOW 90 DAYS FOR ASSESSMENT

Send Requests to: CLVCrossingGuards@LasVegasNevada.Gov