

SCHOOL CROSSING GUARD REQUEST FORM



Instructions: Please fill out a separate form for each location where you are requesting a new School Crossing Guard. Answers may be typed directly into this form or you may print the document and fill it out by hand.

School Name:
Address:
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Number of Students:
Grade Levels:
School Start Time:
School Dismissal Time:
LOCATION INFORMATION
DOCKTION IN ORIGINAL
Intersection or Crosswalk Requested for Assessment for a School Crossing Guard (For example, 16 th Street and Pennsylvania Avenue NW; or Pennsylvania Avenue NW between 16 th Street and 17 th Street):
The property of the contract o
Student Pedestrian/Bicyclist Count
Instructions: Pick any one-hour period, morning or afternoon, and count how many students cross the street at the location. Please count all students who cross any street at the location where the School
Crossing Guard is being requested, but you may not count any student more than once. You may conduct
the count during the morning or the afternoon but the count must occur during a single 60-minute period
of time. DDOT will conduct an independent verification of the count submitted on this form.
Date of Count:
Date of Count:
Start Time of Count: End Time of Count:
Start Time of Count: End Time of Count:



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Principal/Assistant Principal N	E-mail Address:	INFORMATION	
Principal/Assistant Principal N	E-mail Address:	INFORMATION	
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E-mail or Fax Completed forms to:
customerservice.ddot@dc.gov

(202) 671-0650

Or via postal mail to:

DDOT Customer Service Reeves Center, 5th Floor 2000 14th Street NW Washington, DC 20009

Please allow 30 days for assessment.

For more information, call the DDOT Office of the Director at 202-673-6813 or go to www.ddot.dc.gov