



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

SCHOOL INFORMATION

School Name:

Address:

Number of Students:

Grade Levels:

School Start Time:

School Dismissal Time:

INTERSECTION INFORMATION

Intersection or Crosswalk Requested for Assessment for a School Crossing Guard (For example, 16th Street and Pennsylvania Avenue NW; or Pennsylvania Avenue NW between 16th Street and 17th Street):

Student Pedestrian/Bicyclist Count

Instructions: Pick any one-hour period and count how many students cross the street at the location where you are requesting a School Crossing Guard. 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 verify the count submitted on this form.

Count conducted from: **until:**
Start time of count *End time of count*

Date of Count:

Number of Student Pedestrians and Bicyclists Counted:



Please Note any Special Reasons why a School Crossing Guard is Needed at this Location
(For example, there are many turning vehicles, there is poor visibility, or there is no traffic signal.)

CONTACT INFORMATION AND SCHOOL PRINCIPAL ENDORSEMENT

Principal/Assistant Principal Name:

Telephone Number: **E-mail Address:**

Mailing Address (if Different from School):

Principal/Assistant Principal Signature:

By signing you attest that the information on this form is true and accurate.

Date:

E-mail or Fax Completed forms to:
customerservice.ddot@dc.gov
(202) 671-0650

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