NSW GOVERNMENT | **Transport for NSW**

Request for a School Crossing Supervisor

Complete form and send to contact details at the bottom of this form

1 Applicant's Details
(to be completed by School Principal)

Title

Surname

Given names

Signature

Date

____ / ____ / ____
day / month / year

2 School Details

School name

Address

Town / suburb

Postcode

Phone number

Email address

School type *(please select)*

Infants (K - 2) ☐

Primary (K - 6) ☐

Combined (K - 12) ☐

Number of students enrolled

School hours

School bell times AM | School bell times PM

Local Government Area (LGA)

3 Site Details
(Street address of the Crossing you are applying for a School Crossing Supervisor)

Street address

Is it a 40km School Zone *(please select)*

Yes ☐

No ☐

What type of crossing *(please select)*

Combined ☐

Children's ☐

Pedestrian ☐

4 Reason for SCS

5 Additional information

Please return this form to:

School Crossing Supervisor Program
P.O. Box 3035 Parramatta NSW 2124
www.rms.nsw.gov.au | **T 1800 427 677** | **F** 02 8848 8400 | **E** scssydney@rms.nsw.gov.au