

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

Street number

Street name

Town / suburb

Postcode

Postal address (if different from location address)

State Postcode

Phone number

Fax number

Email address

School Details continued

School type (please select)

Infants (K - 2)

Primary (K - 6)

Combined (K - 12)

Number of students enrolled

School hours

3 Site Details

(this is for the details of the street which you would like Roads and Maritime Services to assess in relation to providing a School Crossing Supervisor)

Street address

State Postcode

Is it a 40km School Zone (please select)

Yes

No

What type of crossing (please select)

Combined

Children's

Pedestrian

4 Additional Information

Please return this form to:

School Crossing Supervisor Program
P.O. Box 973 Parramatta NSW 2124

www.rms.nsw.gov.au | 1300 728 543 | F 02 8848 8400 | E scssydney@rms.nsw.gov.au