



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

### 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