



Request for School Crossing Patrol

Name _____

Address _____

Telephone number _____

Email Address _____

Are you?

Parent

Teacher

Governor

Other

School requiring Patrol?

Road in which required?

Reason for request

Forward to sue.malone@plymouth.gov.uk

For office use only

Site investigation

Risk assessment

Discuss with Head teacher

Meet applicant

If **YES**

Request to DMT

Approved/Not approved

If approved arrange site preparation e.g. Signs/Drop Kerbs/Tactile Paving/Advertise Post

If **NO**

Write to applicant with outcome