



REGISTRATION SCHOOL SAFETY PATROL® FORM

School Name: _____

Today's Date: _____

School Address: _____

No. _____

Street _____

P.O. Box or R. R. No. _____

Saskatchewan

City / Town _____

Province _____

Postal Code _____

Telephone: _____

Total Number of Patrollers Participating in the Program: _____

Please Submit Completed Form to CAA School Safety Patrol Coordinator, Angel Blair

Email:

schoolsafetypatrol@caask.ca

Mailing Address:

200 Albert Street North
Regina, SK S4R 5E2

Telephone Inquiries:

(306) 216-7362

An adult school representative (principal or teacher) must be assigned to administer and coordinate the program and is responsible for onsite supervision of the CAA School Safety Patrollers on duty.

Teacher / Coordinator: _____

Teacher / Coordinator Email: _____

First name _____

Last name _____

Principal: _____

Principal Email: _____

First name _____

Last name _____

Police Liaison (City or RCMP): _____

Police Liaison Email: _____

First name _____

Last name _____

Additional Email: _____

(Optional if more than one coordinator)

Location of patrollers on duty, specifically, the street address and corner identification.

School Schedule of Operation:

Times of CAA School Safety Patrol Operation:

<i>Start Time:</i>	<i>Morning Shift:</i>
<i>A.M. Recess:</i>	<i>Lunch 1st Shift:</i>
<i>Lunch:</i>	<i>Lunch 2nd Shift:</i>
<i>P.M. Recess:</i>	<i>End of School Shift:</i>
<i>End of School:</i>	<i>Early dismissal dates and times:</i>

More information at:

caask.ca/patrollers
facebook.com/CAASKSchoolSafetyPatrol/

By registering for the program you have read and agreed to the Coordinator Criteria found in the Instructions for CAA School Safety Patrol Coordinators including but not limited to annual written parental consent for patrollers.