



# School Request Form

## Select a Campus Enforcement Program

Emergency 911

Stranger Danger

Firearms Safety

Personal Safety

CRASE (Civilian Response Active Shooter Even

Other

## Date & Time

Program Date

Program Time

## Contact/ School Information

Name of Contact

Name of School

School Address

School Phone Number

## Participant Information

In the space below, please provide the names of participating teachers and their students' grade levels.

Total Number of Students/Staff

Applicant Signature

Date

Administrator Signature

Date

o ] | ^ v ma } this completed form to } u u v Office, JPS Office of Campus Enforcement.

\* Program dates should be submitted five days prior to program.