



2019 / 2020 SCHOOL SAFETY PATROL® REGISTRATION FORM

School Name: _____ Today's Date: _____

School Address: _____

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

Saskatchewan

City / Town _____ Province _____ Postal Code _____

Telephone: _____ Fax: _____

Total Number of Patrollers Participating in the Program: _____

Please Submit Completed Form to CAA School Safety Patrol Coordinator, Madelaine Michell

Fax: (306) 949.4461

Email: schoolsafetypatrol@caask.ca

Mailing Address:
200 Albert Street North
Regina, SK S4R 5E2

Telephone Inquiries:
(306) 310.6222 ext. 0983

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: _____ <small>First name Last name</small>	Teacher / Coordinator Email: _____
Principal: _____ <small>First name Last name</small>	Principal Email: _____
Police Liaison (City or RCMP): _____ <small>First name Last name</small>	Police Liaison Email: _____

Additional Email: _____
(Optional if more than one coordinator)

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

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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/