



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 C E e e , J P S O f f i c e o f C a m p u s E n f o r c e m e n t .

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