



AAA School Safety Patrol

SCHOOL REGISTRATION FORM

School Information

School Name: _____ School Phone: _____

School District: _____ County: _____

School Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Principal Name: _____ Principal Email: _____

Patrol Advisor Name: _____ Advisor Email: _____

Advisor Title/Position: _____

Grades Enrolled at School: _____ Total Enrollment: _____

- Check One : My school is new to the AAA School Safety Patrol
 My school is renewing the AAA School Safety Patrol program for the new school year

Number of years in the program: _____

Until my school or AAA terminates my school's participation in the program.

Program Information

Total Number of Patrollers: _____

What grade level(s) are your School Safety Patrollers? 4th 5th 6th 7th 8th

What stations do your Patrollers work? Crosswalks Valet curbside service School Bus Patrol/Other

Do you partner with local community agencies? Yes No

Police Department Public Health Department Safe Routes to School Other: _____

Name of Agency: _____

Contact Name: _____ Contact Email: _____

Name of Agency: _____

Contact Name: _____ Contact Email: _____

Acknowledgement

AAA coordinates the AAA School Safety Patrol program on a not-for-profit basis as a free public service. AAA assumes no responsibility or liability for any consequences, losses or injuries, foreseen or unforeseen, that may result from the use of the AAA School Safety Patrol program equipment and/or use of the practices recommended in the AAA School Safety Patrol materials.

Our school commits to be a participant in the AAA School Safety Patrol Program for the school year.

As such, we understand and agree that:

1. Safety comes first when it comes to our students and staff.
2. We have reviewed the AAA School Safety Patrol Operations Manual.
3. We understand that AAA provides the safety equipment, training materials, support and advice. However, our school is responsible for the operation and management of the AAA School Safety Patrol program, which includes scheduling, supervision, assessment, training and follow-up training of the Patrollers.
4. We have reviewed the accompanying [License Agreement](#) and agree to be bound by the terms and conditions therein.

I agree

Please print out, sign and date.

Name: _____

Signature: _____

Date: _____

Send form to: