

**DEVON GARDENS ELEMENTARY SCHOOL**

8884 Russell Drive, Delta, BC V4C 4P8

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September 22, 2021

Dear Parents and Guardians,

École Devon Gardens Elementary will be participating in the Student Crossing Guard program again this year. Both Leadership and Student Safety are of great importance at Devon Gardens and our Student Crossing Guard Program is something we have worked hard to develop over the past couple of years. The students who volunteer for this program are given a position of trust and responsibility as they play an important part of our efforts to keep students safe at our school.

Your child has signed up to be a crossing guard this year. To ensure the success of this program we ask that interested students consider the responsibility of this position very carefully. Student Crossing Guards will work with a partner and:

* have attended/ will attend the Crossing Guard Training session which will be presented by our Delta Police School Liaison Officer
* must return this permission form/contract, signed
* must demonstrate committed and reliable service as a Crossing Guard throughout the year

Hand sanitizer is available for students to use before and after their crossing guard shift.

Please take a moment to discuss the following points with your child:

**Reliability**

* Student crossing guards must arrive on time for each shift they have been assigned. Morning shifts are from 8:30 – 8:50 a.m., afternoon shifts are from 2:55 pm to 3:15 pm. (1:35 – 1:55 p.m. on Wednesdays)
* If students are unable to attend an assigned shift because of illness, vacation, appointments, field trips, or any other reason, they are responsible for finding a trained replacement.

**Responsibility**

* Student crossing guards are to be safety ambassadors; especially when on duty
* Crossing Guards are there to prevent people from being injured by moving vehicles when crossing to and from school

**Assertiveness -** student crossing guards must be assertive enough to:

* Tell other students to use the crosswalk, walk their bike across the crosswalk, etc…
* Tell a parent to use the designated crosswalk and ask that pedestrians wait to cross the street, until it is safe to do so.

To indicate that you have spoken with, and are supportive of your child volunteering as a crossing guard, please complete the section on the back of this page and have your child return it to the office no later than **Tuesday, October 12th .**

Sincerely,

Mme. E. Greenhalgh, Ms. S. Tee

Principal/Directrice Vice Principal/Directrice Adjointe

**École Devon Gardens Elementary 2021-2022**

**Student Crossing Guard Program**

**Student Contract / Permission Form**

**This form to be returned to the office no later than Tuesday, October 12, 2021**

**To be filled in by the student:**

I understand that being a student crossing guard is a position of authority and trust. As a crossing guard I have a responsibility towards the safety of the students, parents and the community of École Devon Gardens Elementary School. In accepting this position, I agree to all of the following:

* To arrive on time for each shift I have been assigned, and if I am unable to attend an assigned shift because of illness, vacation, appointments, field trips or any other reason, I will find a trained replacement;
* To demonstrate responsibility for traffic safety around the school while I am on duty. This means I will not socialize with my friends, fool around, or do anything else that diverts my attention from my job as a crossing guard;
* To assertively remind others (students as well as adults) to obey traffic safety rules – e.g. to walk bikes across the crosswalk, to use the designated crosswalk instead of cutting across traffic, and to wait to cross until the crossing guards have said it is safe to do so;
* To lead by example, by following traffic safety rules (using the crosswalk, walking my bike on school grounds, etc.), even when I am not on duty as a crossing guard

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Print the name of student crossing guard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student crossing guard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled in by the parent:**

I have read the above information and give permission for my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Student Crossing Guard Program for the 2021-2022 school year.

**My child is available to do the:** \_\_\_\_\_\_a.m. shifts \_\_\_\_\_\_p.m. shifts (Please check which one(s) work for your family schedule.

**My child’s partner(s) are: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We will try to arrange schedules between partners of choice when possible. However, this might not be feasible all the time.

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Signature of Parent/Guardian

