

HAZARDOUS ROUTES

Nebo School District Board of Education may provide transportation for students where walking constitutes "hazardous conditions". An area can be determined "hazardous" upon analysis of the following factors:

1. Volume, type, and speed of vehicular traffic
2. Age and condition of students traversing the area
3. Condition of the roadway, sidewalks and applicable means of access in the area
4. Environmental conditions

In the event that a parent or group of parents feel their particular students are subject to hazardous conditions on their way to and from school, they should apply in writing for special consideration. This request should be sent to the director of operations on Form 530.3 on or before July 1 and January 20.

The request will be forwarded on to the District Hazardous Routes Committee. The committee will then evaluate the route in question and make a recommendation to the Nebo School District Board of Education for final consideration of their request.

Hazardous routes will be approved on the basis or priority of hazards, along with local funds available for such programs.

Approved: 8-13-03

COMPOSITION OF THE HAZARDOUS ROUTE COMMITTEE

Supervisor of Transportation	Non-voting member
Board Member	Voting member
Elementary Principal	Voting member
City Chief of Police	Voting member
South Nebo Area PTA Council President	Voting member
Spanish Fork Area PTA Council President	Voting member
Springville Area PTA Council President	Voting member
* Citizen - South Nebo Area	Voting member
* Citizen - Spanish Fork Area	Voting member
* Citizen - Springville Area	Voting member
Bus Driver	Voting member
District Risk Manager	Voting member

Appropriate individuals will be asked to serve in the above positions on a yearly basis by the Director of Operations with approval of the executive staff.

* The citizen will come from a different area than the PTA Council President.

The chairperson is to be appointed by the Superintendent from the list of committee members.

Approved: 4-14-99

NEBO SCHOOL DISTRICT
REQUEST FOR SPECIAL TRANSPORTATION CONSIDERATION

DATE _____ TELEPHONE NUMBER _____

PARENT'S or GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF STUDENT(S) INVOLVED IN REQUEST _____

SCHOOL ASSIGNMENT OF STUDENT(S) _____

GRADE ASSIGNMENT OF STUDENT(S) _____

PRESENT BUS DRIVER OR BUS NUMBER (if applicable) _____

STATEMENT OF REQUEST:

(List all pertinent information. Use back of this sheet, if necessary.)

For District Use Only

District Routing and Approval Schedule

	Approval	Disapproval	Date
Transportation Advisory Committee			
Supervisor of Transportation			
Director of Operations			