

APPROVAL OF SCHOOL BUS
SERVICE ON PRIVATE ROADS

Date: _____

Applicant: _____

Name of Subdivision: _____

Location of Subdivision: _____

New Development: Yes No **Evaluated Date:** _____

Limited Access: Yes No If No, what streets/roads will be traveled or
locations of bus stops: _____

Verification of Required Documents:

Plat of Subdivision: _____ VDOT Survey: _____ Liability Insurance: _____

Snow Emergency Route Info:

_____ This development will not be considered a snow emergency route area.

_____ Due to the terrain of this development; it will be designated as a snow emergency route.

Snow Emergency Pick Up/Drop off Locations: _____

Application Approved: _____ **Application Denied:** _____

If denied, explanation: _____

Supervisor of Transportation

Date

Superintendent of Schools

Date