

School Bus Turnaround Request

Date: _____

I certify that it is necessary for a school bus to come into my drive on a daily basis. I hereby request help in maintaining a drive for a school bus turnaround.

Name: _____

(Please print)

911 Address: _____

I do _____ do not _____ have children that attend Simpson County Schools.

Name of Child/Children and School they attend: _____

County Supervisor: _____ District: _____

Signature of Applicant

For School Personnel:

Approved: _____ Not Approved: _____

Reason for disapproval: _____

Verified By: _____ Date: _____
