

JORDAN SCHOOL DISTRICT
 Patrice A. Johnson, Ed.D., Superintendent of Schools
 West Jordan, Utah

Intradistrict Communication

DATE: _____

TO: District School Traffic Safety Committee

FROM: _____

SCHOOL: _____

SUBJECT: STUDENT NEIGHBORHOOD ACCESS PROGRAM PLAN

A copy of our school traffic routing plan for the 2017-18 school year is enclosed for your approval. For schools within the cities of Bluffdale, Herriman, Riverton and South Jordan, SNAP plans are due to the Auxiliary Services Office by **FRIDAY, JANUARY 20, 2017**. For schools within the City of West Jordan, SNAP plans can be signed on **WEDNESDAY, FEBRUARY 15, 2017, 1:00 p.m. at Columbia Elementary**. The plan includes:

- Student Neighborhood Access Maps with appropriate markings for safe access
- Text Descriptions of all access routes
- Loading/Unloading Access Zones for buses and private vehicles
- Possible concerns and suggested solutions for Safe School Access
- A signature page indicating approval of the proposed plan by the school Safety Committee and local Municipal and Law Enforcement agencies.

Schools in Bluffdale, Herriman, Riverton, and South Jordan:

Email completed plans to: peggy.margetts@jordandistrict.org
 Send originals to Peggy Margetts at Auxiliary Services through District mail
 District will acquire the necessary signature and return completed plans to school

Schools in West Jordan City:

Email completed plans to: peggy.margetts@jordandistrict.org
 Bring originals to signing meeting at Columbia Elementary

When sending the electronic copy, make sure to rename it with your school's name and the year (i.e. Welby 2017-18 SNAP).

Clarifications of process are highlighted in yellow.

Attachment: Student Neighborhood Access Program (SNAP) Plan

INSTRUCTIONS FOR STUDENT NEIGHBORHOOD ACCESS PROGRAM (SNAP) PLAN

School Name: _____

Check when completed:

- Identify a SNAP Team. Team should include your local School Safety Committee. Be sure to record minutes of all meetings and keep on file at your school. It will be helpful to download the SNAP Plan Planning Guide and the Mapping Software User Guide located at www.udot.utah.gov/SNAP.

Develop an effective Student Neighborhood Access Program (SNAP) Plan that can be sent home to parents. Plans will also be available on the Jordan District web site. The Plan must include:

- CREATE MAPS** including:
 1. Suggested walking routes on the street system within school boundaries
 2. Loading/Unloading/Bus zones and private vehicles
 Use the SNAP on-line software at www.snapforschools.com/ to create up-to-date maps (see Mapping Software User Guide for instructions). You may also use maps created by your local municipality. If a login has already been created for your school, you will need to use that user name and password. If you cannot remember the login information, contact the SNAP team at SNAP@utah.gov for assistance or call Cherissa Wood (801) 965-4486.

Your map (or one created by your municipality) must include the following information:

- Safe walking routes to travel indicated with arrows
- School crosswalk zones
- Stop signs and lights, yield signs, and marked pedestrian crosswalks
- Crossing guards
- Railroad crossings
- Bridges or tunnels
- **School bus loading zones and private vehicles** (generally an additional map)

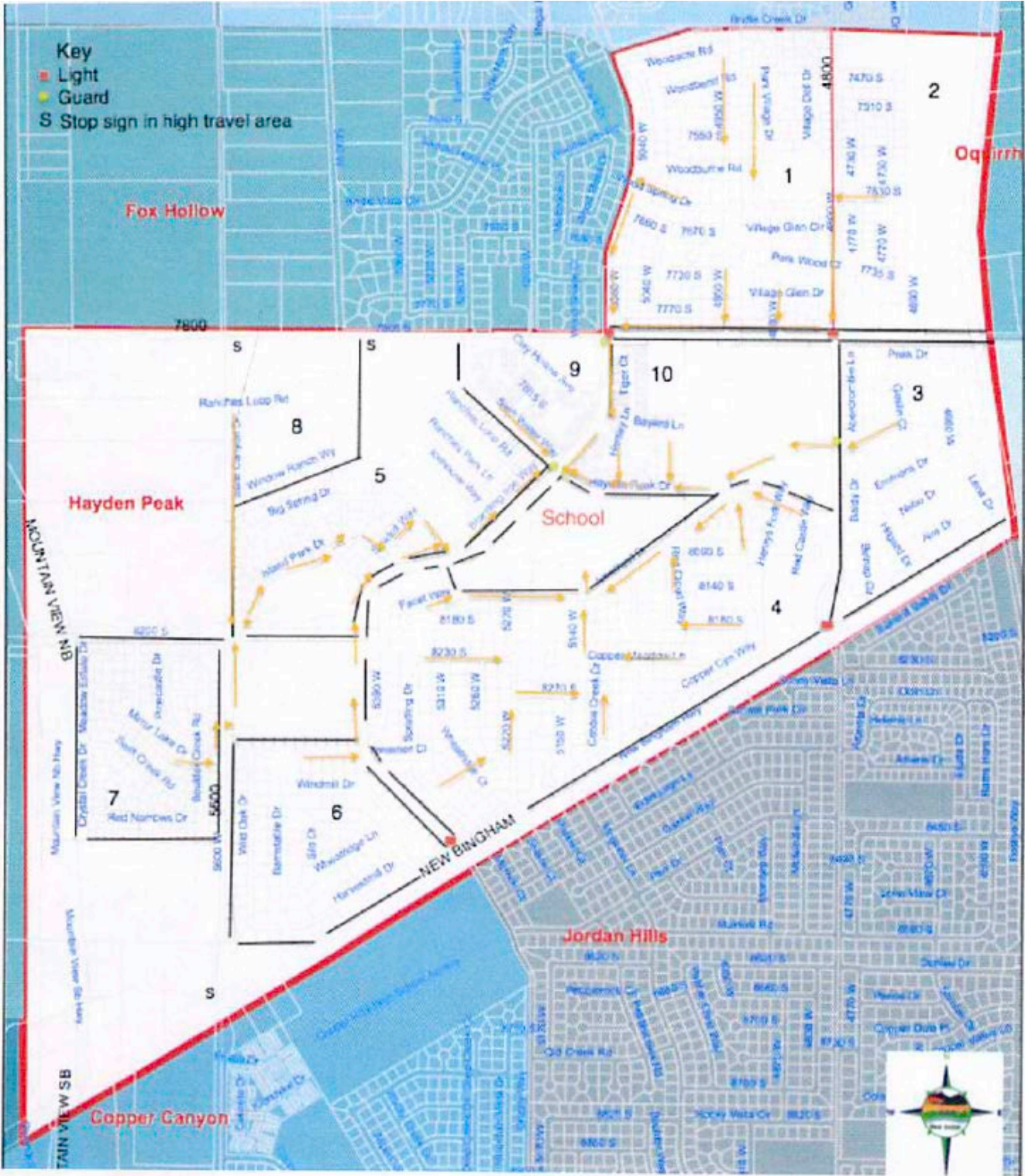
Additional information could be added to maps including:

- Sidewalks (or lack of sidewalks)
- Traffic volume
- Other hazards including canals, steep hills, etc.

- WRITTEN TEXT DESCRIPTION**
Divide your school map into zones. Provide a written description of the best routes for students to walk or bike to school. This description should be sent home to parents along with your maps.
- DISTRICT AND MUNICIPALITY CONCERNS** and school recommendations for improved safety. These will be reviewed with the Municipality and Community Representatives. Work orders will be generated by the District for concerns that are suggested for District improvement projects.
- SIGNATURES** - Your SNAP plan should be reviewed and approved by:
 - (Recommended) Local School Safety Committee Member
 - (Recommended) PTA Representative
 - (Required) **Each page initialed and date approval by Principal and signature on page provided.** Amendments will also need to be initialed and dated by Principal and submitted to District.
 District will obtain the required signatures from:
 - Municipality/County Representative
 - State/Local Law Enforcement Representative
 - State/Local Traffic Safety Engineer Representative
 - Jordan School District Administrator of Schools
- PLEASE RETURN ORIGINAL WITH SIGNATURES THROUGH DISTRICT MAIL** to Peggy Margetts at Auxiliary Services. They will be returned to you when all approvals are obtained.

ALL ROUTE PLAN ALTERATIONS AND AMMENDMENTS TO DESCRIPTIONS MUST BE SUBMITTED TO RON BOSHARD FOR REVIEW AND REAPPROVAL SIGNATURES FROM THE REQUIRED REPRESENTATIVES.

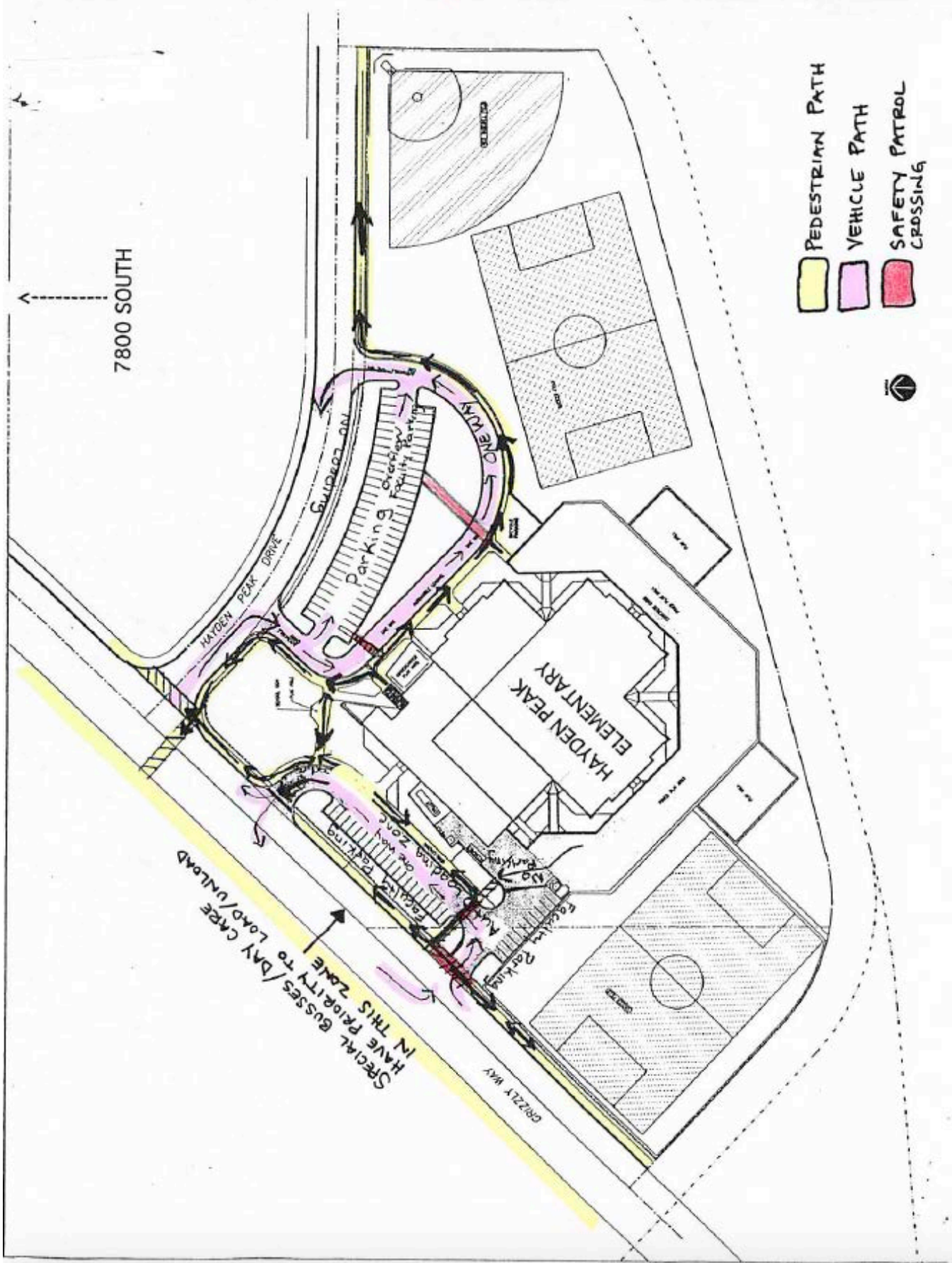
Walking Route Map



Approved: Principal Initials/Date _____ Municipality/City Rep Initials/Date _____
 Municipality/City Rep Initials/Date _____ Municipality/City Rep Initials/Date _____

Amended: Principal Initials/Date _____ Municipality/City Rep Initials/Date _____
 Municipality/City Rep Initials/Date _____ Municipality/City Rep Initials/Date _____

Loading/Unloading Access Zones Map



Text Description of Walking Routes

In this section you should divide your walking map into sections or zones and then provide a written description of the path students should take to walk to school. This description should accompany the visual map. **PLEASE HIGHLIGHT CHANGES FROM PREVIOUS SNAP PLAN.**

Approved:	Principal Initials/Date _____	Municipality/City Rep Initials/Date _____
	Municipality/City Rep Initials/Date _____	Municipality/City Rep Initials/Date _____
Amended:	Principal Initials/Date _____	Municipality/City Rep Initials/Date _____
	Municipality/City Rep Initials/Date _____	Municipality/City Rep Initials/Date _____

JORDAN SCHOOL DISTRICT
Jordan School District
STUDENT NEIGHBORHOOD ACCESS PROGRAM
DISTRICT AND MUNICIPALITY CONCERNS FOR 2017-18

The columns of this form will expand as you type. Only use the **TAB** key to move to the next column.
Use your return key until you are ready to move to a new column.

Issues/Concerns Requiring Attention/Consideration from Jordan School District	Issues/Concerns Requiring Attention/Consideration from the School's City and/or Municipality

Approved: Principal Initials/Date _____	Municipality/City Rep Initials/Date _____
Municipality/City Rep Initials/Date _____	Municipality/City Rep Initials/Date _____
Amended: Principal Initials/Date _____	Municipality/City Rep Initials/Date _____
Municipality/City Rep Initials/Date _____	Municipality/City Rep Initials/Date _____

**Jordan School District
School Traffic Safety Committee
2017-18**

The attached walking route plan has been reviewed, recommended and approved by the following members of the school Traffic Safety Committee.

School Name: _____

RECOMMENDED BY:

1. School Community Council Representatives

_____ (Print Name)	_____ (Signature)	_____ (Date recommended)
_____ (Print Name)	_____ (Signature)	_____ (Date recommended)

2. Local School PTA Representative:

_____ (Print)	_____ (Signature)	_____ (Date recommended)
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APPROVED BY:

3. Principal:

_____ (Print Name)	_____ (Signature)	_____ (Date approved)
Date amended _____ Initials _____		

4. Municipality/City Representative:

_____ (Print Name)	_____ (Signature)	_____ (Date approved)
_____ (Representative's Title)	Date amended _____ Initials _____	

Municipality/City Representative:

_____ (Print Name)	_____ (Signature)	_____ (Date approved)
_____ (Representative's Title)	Date amended _____ Initials _____	

Municipality/City Representative:

_____ (Print Name)	_____ (Signature)	_____ (Date approved)
_____ (Representative's Title)	Date amended _____ Initials _____	

Obtain all signatures and return this form with your Student Neighborhood Access Plan

**Jordan School District
School Traffic Safety
Committee for the 2017-18
school year**

School Name: _____

Principal: _____

The SNAP Plan has been reviewed for completeness and has all of the required signatures of the School Traffic Safety Committee.

DISTRICT COMMITTEE MEMBER:

(Signature) _____
(Date)

Date amended _____ Initials _____

AREA ADMINISTRATOR:

(Signature) _____
(Date)

Date amended _____ Initials _____

The SNAP plan was incomplete or missing required signatures of the School Traffic Safety Committee.

Please review and re-submit your SNAP plan with the following corrections: