

Davison Transportation *Safety is what drives us*

Davison Community Schools' Transportation Department is committed to making sure that each and every student has a safe and positive riding experience each time they board a Davison school bus.

Dear Parent and/or Guardian,

Students who are eligible to ride district buses are assigned to bus stops based on their home address. It is *assumed* that every student will be picked up and dropped off at this bus stop. We understand that in some cases this may not be true.

Please understand that in the interest of safety and efficiency:

One transportation form is allowed per student, per school year. This form must be returned at Registration or no later than two (2) weeks prior to the first day of school, in order to be approved and take effect the first day of school. If a form is not received by the deadline, the default AM/PM pick up/drop off will be the student's home address. Unfortunately, we are unable to honor changes made after the deadline until the third week of school in order to allow us time to map routes and provide a smooth start to the school year.

Student: _____ School: _____ Grade: _____

Home Address: _____ Phone #: _____

Parent/Guardian: _____

TRANSPORTATION INFORMATION:

Please note when completing this section, AM/PM pick up/drop off will be the same each week for the year. In the event long term transportation needs to be changed, after September 16, notice needs to be submitted in writing to the Transportation Office. The Transportation Office will require a minimum of two (2) weeks to attempt to accommodate the request for change.

MY CHILD NEEDS TRANSPORTATION IN THE AM: YES NO (Parent drop off)

Home Address (bus stop): _____

AM – One (1) Alternate Pick-Up Address: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

MY CHILD NEEDS TRANSPORTATION IN THE PM: YES NO (Parent pick up)

Home Address (bus stop): _____

PM – One (1) Alternate Drop-Off Address: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

We appreciate the opportunity to serve the students of Davison and their families.

Thank you for your support of Davison Community Schools.

OFFICE USE ONLY:

Date Received Start Date