

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.

			School Year			
ear Parent and/or Guard Students who ar ease understand that ir	dian , e eligible to ride di	strict buses, are assign				
One transportations first three weeks		ed per student, per sc	hool year. Unfortunate	ely, changes cann	not be made within the	
Student:			School:	(Grade:	
Home Address:			Phone #	<u> </u>		
Parent/Guardian: _	Parent/Guardian:			Date To Start:		
Please circle if stud	lent has one of th	e following health cor	nditions. For use in th	e driver's studen	t emergency folder:	
* /	Allery to peanut / tr	ee nut * Allergy to b	ee / wasp sting * Alle	ergy requiring Epi	Pen	
	10 0.00	hma * Diabetes *	150 180			
		~~~~~~~~~~~				
AM — One (1) Alterna Ilternating days, please	provide a set sche	s: edule below using H for r <mark>Weekly changes to t</mark>			Parent Transport.	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
Y CHILD NEEDS TRA PM — One (1) Alterna alternating days, please	te Drop-Off Addre e provide a set sche	SS:	r Home, A for Alternat	e address, and PT	Parent Transport.	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
WONDAT	TOLODAT	WEDNESDAT	HORODAT	TRIDAT	$\dashv$ $ $	
Transportation Us	e Only		OFFICE USE	ONLY Transportation (810	0) 591-5653	
Received	Fax		Date Rec		Start Date	
			Tag	Synergy	Initial when complete	
Poly Plot	Driver		GTD	Polyplot		
		ı	I GIDL			