

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.

2026 - 2027 School Year

Dear Parent and/or Guardian,

- Only **ONE** Transportation Form is allowed per student.
- Bus stops are assigned based on the Students **HOME ADDRESS**.
- An email from EZrouting will be sent once the transportation department has made changes.
- For students in grades GSRP – 4th, bus changes will not take place until you receive communication from the Elementary Office staff with the new transportation backpack tag.

Student Name: _____ School: _____ Grade: _____

Home Address: _____ Phone #: _____

For alternating days or weeks please provide the alternate address below. Please note, only one (1) alternate address allowed per student.

Alternate Address: _____

Parent/Guardian Signature: _____ Date to Start: _____

If alternating days, please provide a set schedule using "H" Home, "A" Alternate address, and "PT" Parent Transport in the boxes below.

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
For Alternating weeks please fill boxes below with an "A"				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
For Alternating weeks please fill boxes below with an "A"				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Transportation Use Only

Received T-Drive:

Email: Driver:

OFFICE USE ONLY

Date Received Start Date

Tag Synergy Initial when complete

GTD T-Drive: