

# School Bus Request Form-(7 & 8 RE ONLY)

(Must be completed before student will be allowed to ride on the school bus for RE Days only)

## 2022-2023



Crookston Schools Transportation Department  
402 Fisher Ave., Suite 593  
Crookston, MN 56716-2811  
Email: [bus@isd593.org](mailto:bus@isd593.org)

Phone: 281-5444  
Fax: 218-281-0228

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

Student will ride the bus

Student will not ride the bus

### Busing to church:

I am requesting bus service from \_\_\_\_\_  
(Address)  
to \_\_\_\_\_ church.

### Busing from church:

I am requesting bus service from \_\_\_\_\_ church to  
\_\_\_\_\_  
(Address)

Daytime Phone

Home Phone

Cell Phone

Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

To be completed by the Transportation Department:

### Bus Assignment

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Church stop assigned: \_\_\_\_\_ Approximate bus time: \_\_\_\_\_ Bus No. \_\_\_\_\_

PM stop assigned: \_\_\_\_\_ Approximate bus time: \_\_\_\_\_ Bus No. \_\_\_\_\_