## **School Bus Request Form**

(Must be completed before student will be allowed to ride on the school bus)

## 2021-2022

Crookston Schools Transportation Department 402 Fisher Ave., Suite 593

Crookston, MN 56716-2811 Phone: 281-5444 Email: <u>bus@isd593.org</u> Fax: 218-470-0228



Student Name:			G	rade:
	(Please P	rint)		
☐ Student will r	ide the bus $\Box$ Stu	dent will not ride the bu	s 🗆 Studen	t will be picked up
Student will e	at breakfast at school	Student will atte	end School Age	e Care
Busing to scho	ool:			
I am requesting bu	s service from			
to	toSchool.			
Busing from s	chool:			
I am requesting bu	s service from		S	chool to
	(Address)		<u>_</u> .	
Parent/Guardian signature		ıre	Date	
Hom	e Phone	Daytime Phone	Cell Phor	ne
completed by the Tran	sportation Department.		Transpor	tation Code:
stop assigned:		Approximate	_ Approximate bus time: Bus No	
top assigned:		Approximate	Approximate bus time: Bus No	
Name			Please provide and cell phone receive bus not and texts	number to
cell phone(s)				
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