School Bus Request Form

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

2024-2025

Crookston Schools Transportation Department
402 Fisher Ave., Suite 593
Crookston, MN 56716-2811 Phone: 281-5444
Email: bus@isd593.org Fax: 218-470-0228

Student Name: _____ Grade: _____
(Please Print)

☐ **Student will ride the bus** ☐ **Student will not ride the bus** ☐ **Student will be picked up**

☐ **Student will eat breakfast at school** ☐ **Student will attend School Age Care**

Busing to school:

I am requesting bus service from _____
(Address)

to _____ School.

Busing from school:

I am requesting bus service from _____ School to

_____.
(Address)

Name

address

email Mobile Phone

Please provide an email and cell phone number to receive bus notifications and texts

_____ _____
Parent/Guardian signature Date

_____
Home Phone Daytime Phone Cell Phone

To be completed by the Transportation Department: *Transportation Code:*_____

AM stop assigned: _____ Approximate bus time: _____ Bus No. _____

PM stop assigned:_____ Approximate bus time: _____ Bus No._____