

# School Bus Change Request Form 2024-2025



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

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

Date Submitted: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
*(10 days prior notice required)*

Student will ride the bus

Student will not ride the bus

## Busing to school:

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

## Busing from school:

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

\_\_\_\_\_  
Home Phone Daytime Phone Cell Phone

\_\_\_\_\_  
Email Address

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

*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. \_\_\_\_\_