

School Bus Request Form-SR

(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
Email: bus@isd593.org

Phone: 281-5444
Fax: 218-470-0228

Student Name: _____ Grade: _____
(Please Print)

Student Attends: AM Session PM Session Student will eat breakfast at school

Student will ride the bus

Student will not ride the bus

A.M. Bussing: I am requesting bus service from _____
(Address)
to _____ School.

Mid-day Bussing: I am requesting bus service from _____ to _____
(Address)
_____.
(Address)

P.M. Bussing: I am requesting bus service from _____ School to _____
(Address)

Cell Phone (to receive text notifications) _____

Daytime Phone _____

Email _____

Parent/Guardian signature _____

Date _____

To be completed by the Transportation Department:

Transportation Code: _____

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

Noon Stop Assigned: _____ Approximate bus time: _____ Bus No. _____

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