(Must be complet		udent will be a	allowed	
to ric	le on the sch	lool bus)		
	2023-202	24		
Crookston Schools Transportation 402 Fisher Ave., Suite 593	n Department			
Crookston, MN 56716-2811 Email: <u>bus@isd593.org</u>	Phone: 281-5 Fax: 218-470			
Student Name:(P	Plaga Drive()	(	Grade:	
_	_	_		
	—	ride the bus 🗌 Stude		
Student will eat breakfast at	t school 🛛 🗀 Stude	ent will attend School Ag	ge Care	
Busing to school:				
I am requesting bus service from _				
to School. (Address)				
Busing from school:				
I am requesting bus service from			School to	
(Address)				
			vide an email and	
Name			<u>number to receive</u> ations and texts	
address				
email	Mobile Phone			
Parent/Guardian signature			Date	
Home Phone	Daytime Pho	ne Cell Pho	one	
be completed by the Transportation Departn	nent:	Transportatio	on Code:	
1 stop assigned:		pproximate bus time:	Bus No	
stop assigned:		pproximate bus time:	Bus No.	