

School Bus Request Form

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

2025-2026

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 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. _____