

# School Bus Request Form

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

## 2020-2021

Crookston Schools Transportation Department  
402 Fisher Ave., Suite 593  
Crookston, MN 56716-2811  
Email: [bus@isd593.org](mailto: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 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)*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

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

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

_____
Name
_____
Address
_____
City/State/Zip

***Please print your mailing address to received your student's bus schedule***