

School Bus Request Form

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

2021-2022

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)

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. _____

Name

email

cell phone(s)

Please provide an address and cell phone number to receive bus notifications and texts