

# School Bus Request Form

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

## 2023-2024

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 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. \_\_\_\_\_