

School Bus Request Form

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

2024-2025

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. _____