School Bus Request Form

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

2022-2023

Crookston Schools Transportation Department 402 Fisher Ave., Suite 593

Crookston, MN 56716-2811 Phone: 281-5444 Email: <u>bus@isd593.org</u> Fax: 218-470-0228

Student Name:



Grade: _____

	(1 10	ease Print)		
☐ Student wil	l ride the bus	Student will not ride the	bus Student will be	picked u
☐ Student will eat breakfast at school ☐ Student will attend School Age Care				
Busing to sci	hool:			
		•	dress)	
to		School.		
Busing from	school:			
I am requesting b	ous service from		School to	
	(Address)		·	
			Please provide an en	iail and
Name			cell phone number to bus notifications and	
address			_	
email		Mobile Phone		
			Date	
	Parent/Guardian	signature	Date	
Но	Parent/Guardian some Phone	Signature Daytime Phone	Date Cell Phone	
Ho completed by the Tran	ome Phone	Daytime Phone		
completed by the Tran	ome Phone asportation Departme	Daytime Phone	Cell Phone Transportation Code:	