

School Bus Change Request Form 2024-2025



Crookston Schools Transportation Department
402 Fisher Ave., Suite 593
Crookston, MN 56716-2811 Phone 281-5444
Email: bus@isd593.org Fax: 218-470-0228

Student Name: _____ Grade: _____
(Please Print)

Date Submitted: _____ Effective Date: _____
(10 days prior notice required)

Student will ride the bus

Student will not ride the bus

Busing to school:

I am requesting bus service from _____
(Address)
to _____ School.

Busing from school:

I am requesting bus service from _____ School to

(Address)

Home Phone Daytime Phone Cell Phone

Email Address

Parent/Guardian signature Date

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. _____