

# School Bus Change Request Form

## 2019-2020



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)

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)

_____ 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. \_\_\_\_\_

### Bus Assignment

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

AM stop assigned: \_\_\_\_\_ Approximate bus time: \_\_\_\_\_ Bus No. \_\_\_\_\_

PM stop assigned: \_\_\_\_\_ Approximate bus time: \_\_\_\_\_ Bus No. \_\_\_\_\_