

School Bus Request Form-(7 & 8 RE ONLY)

(Must be completed before student will be allowed
to ride on the school bus for RE Days only)

2020-2021



Crookston Schools Transportation Department
402 Fisher Ave., Suite 593
Crookston, MN 56716-2811
Email: bus@isd593.org

Phone: 281-5444
Fax: 218-281-0228

Student Name: _____ Grade: _____
(Please Print)

Student will ride the bus ☐

Student will not ride the bus ☐

Busing to church:

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

Busing from church:

I am requesting bus service from _____ church to

(Address)

Parent/Guardian signature Date

Home Phone Daytime Phone Cell Phone

To be completed by the Transportation Department:

Bus Assignment

Student Name: _____ Grade: _____

Church stop assigned: _____ Approximate bus time: _____ Bus No. _____

PM stop assigned: _____ Approximate bus time: _____ Bus No. _____