Welcome to
Manistique Area Schools

If you have any questions or need assistance completing the registration forms, please do not hesitate to contact us.
The contact information is listed below.

<table>
<thead>
<tr>
<th>Grades Pre-K through 5</th>
<th>Grades 6-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerald Elementary</td>
<td>Manistique Middle/High School</td>
</tr>
<tr>
<td>628 Oak Street</td>
<td>100 North Cedar Street</td>
</tr>
<tr>
<td>Manistique, MI 49854</td>
<td>Manistique, MI 49854</td>
</tr>
<tr>
<td>Fax# (906)252-4602</td>
<td>Fax# (906)252-4603</td>
</tr>
<tr>
<td>Phone # (906)341-4332</td>
<td>Phone # (906)341-4300</td>
</tr>
<tr>
<td><a href="http://www.manistiqueschools.org">www.manistiqueschools.org</a></td>
<td><a href="http://www.manistiqueschools.org">www.manistiqueschools.org</a></td>
</tr>
</tbody>
</table>

When returning your forms for registration, please include the following:

- Release of Record Form
- Enrollment/Medical Form
- Proof of Residency (copy of bill with address)
- Birth Certificate
- Shot/Immunization Record
- Title VII Eligibility Form (If applicable)
- Military Survey (If applicable)
- McKinney-Vento Homeless Questionnaire (If applicable)
- Physical (Kindergarten)
- Report Card and/or Transcript (Middle/High School)

Manistique Area Schools
District Mission Statement

The Manistique Area Schools will assure the maximum learning opportunities for all students of the district. Educational excellence is the number one priority of our schools. We are committed to empowering all students to become productive citizens in an ever-changing and diverse global society.

The biggest key to the success of our students, and ultimately the district, is the partnership we create with our parents and community.
PERMISSION TO RELEASE OFFICIAL RECORDS

<table>
<thead>
<tr>
<th>Student Name (as appears of birth certificate):</th>
<th>Birthdate</th>
<th>Grade Entering:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous School Name:</td>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Previous School Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous School City/State:</td>
<td></td>
<td>Zipcode:</td>
</tr>
</tbody>
</table>

This document is designed to comply with federal and state laws regarding the release of student records.

The Student listed above is enrolled in our school district. The parent/guardian signature below authorizes you to forward the records marked for the student(s) name on this form.

Please mail the following school records to the school indicated below or notify us if you have no record of this student(s):

- Official cumulative record
- Transcripts of grades and credits
- Achievement and ability test scores
- Health and/or immunization records
- Attendance
- Discipline/citizenship record
- Special Education Records (IEP, Diagnostic reports, medical reports)
- State of Michigan UIC number (if available)

I hereby grant permission for release of the above record(s) to Manistique Area Schools:

Please send records to: (Check one)

<table>
<thead>
<tr>
<th>Grades Pre-K through 5</th>
<th>Grade 6-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerald Elementary School</td>
<td>Manistique Middle/High School</td>
</tr>
<tr>
<td>Attn: Building Secretary</td>
<td>Attn: Building Secretary</td>
</tr>
<tr>
<td>628 Oak Street</td>
<td>100 North Cedar Street</td>
</tr>
<tr>
<td>Manistique, MI 49854</td>
<td>Manistique, MI 49854</td>
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<tr>
<td>Fax # (906)252-4602</td>
<td>Fax # (906)252-4603</td>
</tr>
<tr>
<td>Phone # (906)341-4332</td>
<td>Phone # (906)341-4300</td>
</tr>
</tbody>
</table>

H:\MAS Enrollment Application 6-4-2019.docx (mhook)
## MANISTIQUE AREA SCHOOLS
Student Registration & Enrollment Report: Including Medical Information
(PARENT/GUARDIAN: Please print all information completely and legibly – use dark pen)

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>First:</th>
<th>Middle:</th>
<th>Grade:</th>
<th>Birth date:</th>
<th>Graduation Yr:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Street Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Student Cell Phone/Email:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asian American</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td>□ Hispanic or Latino</td>
<td>□ White</td>
</tr>
<tr>
<td>□ American Indian or Alaskan Native</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
</tr>
</tbody>
</table>

### FAMILY/CONTACT INFORMATION

- **Mother / Guardian Name:**
  - *Cell Phone:*
    - ( )
  - *Address:*
    - City: 
    - State: 
    - Zip: 
  - *Employer:*
    - Work Phone: 
  - *I am employed through the local Tribal Agency*
  - *Primary Contact / Secondary Contact*
    - *Contact Information will be uploaded into Power Announcement. If you would like to make changes to your notification, you may do so through your Parent Portal in PowerSchool.*

- **Father / Guardian Name:**
  - *Cell Phone:*
    - ( )
  - *Address:*
    - City: 
    - State: 
    - Zip: 
  - *Employer:*
    - Work Phone: 
  - *I am employed through the local Tribal Agency*
  - *Primary Contact / Secondary Contact*
    - *Contact Information will be uploaded into Power Announcement. If you would like to make changes to your notification, you may do so through your Parent Portal in PowerSchool.*

### ADDITIONAL/CONTACT INFORMATION

- **Primary Household Information:**
  - Student lives with:
    - □ Both Parents □ Father □ Mother □ Divorced, Joint Custody □ Other:

- **Name(s):**
  - Relationship to the student: 
  - *Cell Phone:*
    - ( )
  - Address: 
    - City: 
    - State: 
    - Zip: 
  - *Employer:*
    - Work Phone: 
    - Email Address: 
  - *Secondary Contact*
    - *This person(s) will be called if parent(s) is unable to be reached. This person(s) may also pick up my child from school.*

- **Name(s):**
  - Relationship to the student: 
  - *Cell Phone:*
    - ( )
  - Address: 
    - City: 
    - State: 
    - Zip: 
  - *Employer:*
    - Work Phone: 
    - Email Address: 
  - *Secondary Contact*
    - *This person(s) will be called if parent(s) is unable to be reached. This person(s) may also pick up my child from school.*
### Student Siblings

<table>
<thead>
<tr>
<th>Last name</th>
<th>First Name</th>
<th>Grade</th>
<th>Address (Please write SAME or add new address.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Student's Previous Services or Areas of Support

- Does your child receive special services? [ ] Yes  [ ] No
  - If yes, check all that apply below and provide a copy of the most recent IEP.
  - Special Education  [ ]  Speech/Language  [ ]  Title I/At Risk  [ ]  Social Work  [ ]  Other Services*

*Please Describe Other Services

### Affirmation of Prior Discipline Record

Has this student been suspended or expelled, or is in the process of being suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

- [ ] Yes  [ ] No

If you checked Yes, explain the circumstances in detail. Include the school name, dates of suspension, and a description giving rise to the suspension or expulsion.

### MEDICAL INFORMATION

- Name of Primary Doctor: ____________________________  Phone: (_____)  Name of Dentist: ____________________________  Phone: (_____)  
- [ ] Allergies: (Please Specify)  [ ] Medications(s) or Special Health Needs: (Please describe here)

- My child had the Chickenpox  [ ] Yes: Date____________  [ ] No

### RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

**MANISTIQUE AREA SCHOOLS IS NOT RESPONSIBLE FOR ANY COSTS OF MEDICAL TREATMENT.**

### Enrollment Form Signature Section: Required

- Parent/Guardian Signature: ____________________________  Date: ____________

**Office Use Only**

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>UIC#</th>
</tr>
</thead>
</table>

I have completed this form with correct information and understand that the facts provided are confidential.

Parent's/Guardian's Signature: ____________________________  Date: ____________

A parent or legal guardian must accompany the student; complete school forms; and, and meet all district, state, and federal requirements before enrollment may take place.

(Please inform us if you are an unaccompanied youth or are a family experiencing housing challenges, as these requirements may be waived per McKinney-Vento exclusions.)
## PERMISSION FOR PLACEMENT

<table>
<thead>
<tr>
<th>UIC#</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Gender</th>
<th>Hispanic (select one)</th>
<th>Ethnicity (select one or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Resident District</th>
<th>Attending District</th>
<th>School Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent(s)/Guardian</th>
<th>Street, City, State, ZIP</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Native Language of Parent(s)</th>
<th>Native Language of Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Last IEP</th>
<th>Last Re-eval IEP Date</th>
<th>Enrollment Date</th>
<th>ISD/District Student is Transferring from</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student transferred from:

- [ ] Within Delta-Schoolcraft counties
- [ ] Out of County
- [ ] Out of State

The student has been verified as currently eligible for special education programs/services AND

- [ ] The school district recommends the student be placed in a comparable program and/or service(s). The school district will provide the student with a free appropriate public education (FAPE) until implementation of a new Individualized Educational Plan (IEP). An IEP will be developed within 30 school days of enrollment OR
- [ ] The school district will be implementing the IEP from the previous district (ONLY if student transferred from within DSISD counties and with prior approval by ISD Supervisor)

### Special education eligibility area:

- [ ] Autism Spectrum Disorder
- [ ] Cognitive Impairment
- [ ] Early Childhood Development Delay
- [ ] Emotional Impairment
- [ ] Hearing Impairment
- [ ] Other Health Impairment
- [ ] Physical Impairment
- [ ] Specific Learning Disability
- [ ] Speech/Language Impairment
- [ ] Severe Multiple Impairment
- [ ] Traumatic Brain Injury
- [ ] Visual Impairment

### Program/Service Type:

(Example: Resource Room, OT, PT, Speech, etc)

### Time/Frequency/Duration:

(Example: 1 hour 5 x a week)

### Name of provider:

What is the minimum hours per week the student will participate in this placement?

What is the maximum hours per week the student will participate in this placement?

What is the actual hours per week the student will participate in this placement?

What is the number of hours per week this student will be away from his/her non-disabled peers for this placement?

### Location (check all that apply):

- [ ] Clinic/Special Education Classroom
- [ ] Early On Location
- [ ] General Ed & Special Ed Classrooms
- [ ] General Ed Classrooms
- [ ] Therapy Area & General Ed Classroom
- [ ] Throughout School Building
- [ ] Home
- [ ] Home & Early On Location
- [ ] Special Ed Classrooms
- [ ] Therapy Area
- [ ] Therapy Area & Special Ed Classroom
- [ ] Within the Community

[ ] Direct OR [ ] Consult

### TO BE COMPLETED BY DISTRICT DESIGNEE:

Did District consult with Parent/Guardian/Surrogate? [ ] Yes [ ] No

Method:

[ ] Phone (Date:

[ ] Mail (Date:

[ ] Email (Date:

[ ] Meeting (Date:

The parent has received a copy of the Parent Handbook, including the Procedural Safeguards Notice. [ ] Yes [ ] No

District Administrator/Designee signature:

Date received at ISD: ____________________ By Whom: ____________________ IEP Due Date: ____________________

JC:sla (rev. 10/17)
### MANISTIQUE AREA SCHOOLS EMERGENCY MEDICAL FORM

*(PARENT/GUARDIAN: Please print all information completely and legibly - use dark pen)*

#### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>First:</th>
<th>Middle:</th>
<th>Grade:</th>
<th>Birth Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Street Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td>Student Cell Phone:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Same as above</td>
<td></td>
<td></td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
<td>Asian America</td>
<td>Black or African American</td>
<td>White</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
<td>America Indian or Alaskan Native</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### FAMILY/CONTACT INFORMATION

- **Mother/ Guardian Name:**
  - Cell Phone: 
  - Address: 
  - City: 
  - State: 
  - Zip: 
  - Home Phone: 
  - Employer: 
  - Work Phone: 
  - Email Address: 

- **Father/ Guardian**
  - Cell Phone: 
  - Address: 
  - City: 
  - State: 
  - Zip: 
  - Home Phone: 
  - Employer: 
  - Work Phone: 

- **Contact Person (IF Parent/Guardian are not available):**
  - Relationship to Student: 
  - Phone: Home | Cell | Work |

#### MEDICAL INFORMATION

- **Name of Primary Doctor:**
  - Phone: 
- **Name of Dentist:**
  - Phone: 

- **Allergies: (Please Specify)**
- **Special Medical Circumstances: (that you feel we should be aware of)**

#### RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

**MANISTIQUE AREA SCHOOLS IS NOT RESPONSIBLE FOR ANY COSTS OF MEDICAL TREATMENT**

Parent/Guardian Signature: 

Date: 

Student ID #: 

(UIC)

Revised 6/2019
Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

**Definition:** Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As shown on school enrollment records)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name</th>
<th>Grade</th>
</tr>
</thead>
</table>

| NAME OF TRIBE, BAND OR GROUP |

<table>
<thead>
<tr>
<th>Tribe, Band or Group is: (check one)</th>
<th>Organized Indian Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Recognized, Including Alaska Native</td>
<td>Meeting #5 of the</td>
</tr>
<tr>
<td>State Recognized Terminated</td>
<td>Definition Above</td>
</tr>
</tbody>
</table>

Name of individual with tribal membership:

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) OR

Other (explain)

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

**PARENT'S SIGNATURE**

**DATE**

Mailing Address Telephone

Notice: Public Reporting Burden Notice on Reverse Side
McKinney-Vento
STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student ___________________________ Parent/Guardian ___________________________

School ___________________________ Phone ___________________________

Age ______ Grade ______ D.O.B. ___________________________

Address ___________________________ City ___________________________

Zip Code __________ Is this address [Temporary] or [Permanent]? (circle one) If Temporary, Continue the Survey.

Please choose which of the following situations the student currently resides in (you can choose more than one):

____ House or apartment with parent or guardian
____ Motel, car, or campsite
____ Shelter or other temporary or transitional housing
____ With friends or family members (other than or in addition to parent/guardian)
____ In housing that lacks adequate heat, running water or electricity

If the student is living in shared housing, please check all of the following reasons that apply:

____ Loss of housing
____ Economic situation
____ Temporarily waiting for house or apartment
____ Providing care for a family member
____ Living with boyfriend/girlfriend
____ Loss of employment
____ Parent/Guardian is deployed
____ Parent/Guardian is incarcerated
____ Other Family Hardship
____ Other (Please explain)

Is the student under the age of 18 and living apart from parents or guardians? Yes No

If yes, who is the student’s primary caregiver? ___________________________ Relationship ___________________________

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 906-341-4332 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unaccompanied Youth ___________________________ Date ___________________________

Signature of McKinney-Vento Liaison ___________________________ Date ___________________________
Manistique Area Schools
100 North Cedar Street
Manistique, MI 49854
www.manistiqueschools.org

MILITARY CONNECTED SURVEY

Attention all families: In order to better serve our children and families, we would like to identify our military connected children. Read the definition of military connected children and if it applies to your family, please complete the survey. Thank you in advance.

DEFINITION OF MILITARY CONNECTED CHILDREN:
All children residing in Michigan whose parent(s) currently serve in any component of the Army, Navy, Air Force, Marines or Coast Guard are considered to be military connected children. This includes children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty.

If you or your spouse is currently serving in the military or reserves as defined above, please complete the following:

Parent Name Serving In Military:

Branch of Service:

Assigned Station:

List all students in your household

<table>
<thead>
<tr>
<th>Name of Student(s)</th>
<th>Grade</th>
<th>School</th>
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<tbody>
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</tbody>
</table>

Parent/Guardian Signature

Date

Make Copies To:
- Business Office
- Building Principal
- CA/60
Schools of Choice - Manistique Area Schools
Application for Enrollment

Instructions: Non-Resident kindergarten through twelfth grade students may apply to attend the Manistique Area Schools under the Sec. 105 and 105c Schools of Choice Program. Complete one application for each student. The completed application must be sent to the Administration Office of the Manistique Area Schools by August 31.

Section 1: To be completed by the Student's Parent or Guardian

<table>
<thead>
<tr>
<th>Student Name (Last, First, M.I.)</th>
<th>Birth Date: Month/Day/Year</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Currently Attending</th>
<th>Current Grade</th>
<th>Special Needs (Specify) Attach Current IEP or Section 504 Plan if applicable</th>
</tr>
</thead>
</table>

Resident District of Student

Requested District for Schools of Choice

Manistique Area Schools

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Last, First, M.I.)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home: Office:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

Reasons for Transfer Request

Has this student ever been suspended or expelled? NO □ YES □ If yes, give district, date and reason for suspension or expulsion.

The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school. I understand that any false information provided by me may be considered grounds for disapproval of this application. At the K-5 level, I understand that the school reserves the right to assign the building to be attended.

Signature of Parent/Guardian

Date

Send or deliver to: Administration Office
Manistique Area Schools
100 North Cedar Street
Manistique, MI 49854

The Manistique Area Schools does not discriminate in any of its educational programs, activities, or employment practices on the basis of race, creed, national origin, sex, age, handicap, or English speaking ability.

(See Reverse)
Busing Information

Student Name ___________________________ Grade ______

Please state the exact location your child will be picked up and dropped off.

Address:

____________________________________

Location Directions:

____________________________________

____________________________________

____________________________________

____________________________________

An Emergency Phone Number the Bus Driver Can Call:

____________________________________