

**APPLICATION FOR TRANSPORTATION
OR MAINTENANCE OF ISOLATED PUPILS
2010-2011 School Year**

CAMPBELL COUNTY SCHOOL DISTRICT
1000 West Eighth Street
P.O. Box 3033
Gillette, WY 82717-3033
582-5171, Ext 4566
ATTN: Kathe Stevens

Parent/Guardian: Bettie Jo Angerhofer
 Mailing Address: 2940 State Hwy, 50 Gillette 82718 Home Telephone: 6856-5655
 Place of Employment: Bev L'CAHLO Co Work Telephone: 6856-5655
 EXACT Location of Residence: 2940 State Hwy 50 Gillette, WY 82718
 Months for which isolation is Requested: August, September & October
 Bus Route student would normally ride: # 601
 Please choose one of the following: Private Transportation Room and Board Family Move

Name of Pupil	Grade	School	School Activity
<u>Jessica Angerhofer</u>	<u>8th</u>	<u>Wright</u>	<u>Volleyball</u>

Only families choosing Private Transportation need to complete the following section
 Please complete only the column for "Miles Per Round Trip". *The mileage will be calculated in our office once the miles are verified.*

Private Transportation

Miles Per Round Trip	*Mileage Not Reimbursed	Reimbursed Miles	Amount Per Mile	Total Per Trip
<u>92</u>	<u>.4</u>	<u>88</u>	<u>50</u>	<u>4400</u>
<u>81</u>		<u>77</u> TOTAL		<u>4400</u>

*40.5
1 way*

*Four (4) miles per round trip will be deducted

Please indicate the maximum number of round trips you will be making per day: One (1) Two (2) Three (3)

I certify that the above claims are true and correct to the best of my knowledge and belief

I further certify that the ability to earn a substantial portion of our family income is directly related to and enhanced by the family residing in the isolated location listed in the family address space at the top of this form.

Bettie Jo Angerhofer 8/22/2010
 Signature of Parent/Guardian Date

Chairperson of School Board _____ Date _____ Clerk of School Board _____ Date _____

For Office Use Only

Amount Approved \$ _____ Approval Letter Sent (Date) _____ By _____