

**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
682-5171, Ext. 4566
ATTN: Kathe Stevens

Parent/Guardian: Linda Edwards

Mailing Address: 900 Keeline Rd City/Zip Gillette, WY 82718 Home Telephone: 307-939-1264

Place of Employment: Self / C.C.S.D. - Transportation Work Telephone: 307-464-1459

EXACT Location of Residence: 900 Keeline Rd.

Months for which Isolation is Requested: August, Sept, October, November, December, January, February, March, April, May

Bus Route student would normally ride: # 54

Please choose one of the following: Private Transportation Room and Board Family Move

| Name of Pupil | Grade | School | School Activity |
|---------------|-------|--------|---------------------------------------|
| Heidi Edwards | 12 | WJSH | Volley ball, Basketball, Choir FFA |
| | | | |
| | | | |

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 |
|----------------------|-------------------------|------------------|-----------------|----------------|
| 50 | -4 | | .50 | |
| TOTAL | | | | |

235
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)

Sometimes (2)

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.

Linda Edwards
Signature of Parent/Guardian

9-6-10
Date

Chairperson of School Board _____ Date _____

Clerk of School Board _____ Date _____

For Office Use Only

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