

**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. 4556
ATTN: Kathe Stevens

Parent/Guardian: Senja & Jerry Geer
 Mailing Address: 2277 Hwy 50 City/Zip: Gillette 82718 Home Telephone: 307 686 6296
 Place of Employment: CCSR Work Telephone: 686 8698
 EXACT Location of Residence: 2277 Hwy 50
 Months for which isolation is Requested: Aug, Sept, Oct, Nov, Dec, March, April, May
 Bus Route student would normally ride: # 706 in the morning - # 666 at night
 Please choose one of the following: Private Transportation Room and Board Family Move

Name of Pupil	Grade	School	School Activity
Jessie Jean Geer	7 th	Sage Valley	Cross Country/Partnership/Tennis Math Counts/Artwork/Fieldwork

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
47	- 4		.50	
TOTAL				

*20.8
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.

Senja Geer Aug 24, 2008
 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 _____