

**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: Rusty Jones  
 Mailing Address: 1462 Hilight Rd City/Zip Gillette 82718 Home Telephone: 307-464-0806  
 Place of Employment: Belle Fourche Pipeline Work Telephone: \_\_\_\_\_  
 EXACT Location of Residence: 1462 Hilight Rd #4  
 Months for which Isolation is Requested: August 2010 - May 2011  
 Bus Route student would normally ride: # 52  
 Please choose one of the following:  Private Transportation  Room and Board  Family Move

Name of Pupil	Grade	School	School Activity
Emily Jones	9	Wright H.S.	Volleyball, Basketball, Track Drama, Student Council

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
28	-4		.50	
TOTAL				

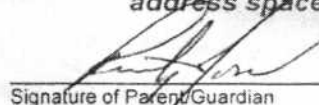
*13  
1 way*

\*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.*

  
 Signature of Parent/Guardian Date 8-21-10

Chairperson of School Board \_\_\_\_\_ Date \_\_\_\_\_ Clerk of School Board \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

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