

**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  
662-5171, Ext. 4566  
ATTN: Kathe Stevens

Parent/Guardian Rheuhama Sarcinella  
 Mailing Address 31 Harvard Dr City/Zip Gillette WY 82716 Home Telephone 624-5128  
 Place of Employment Paintbrush Elem Work Telephone 624-1772  
 EXACT Location of Residence 31 Harvard Drive (Green Valley Estates)  
 Months for which Isolation is Requested Aug - May  
 Bus Route student would normally ride # 15  
 Please choose one of the following  Private Transportation  Room and Board  Family Move

Name of Pupil	Grade	School	School Activity
Zachary Sarcinella	11	CCHS	crosscountry, Indoor + outdoor track
Caleb Sarcinella	7	Turn	Football, track, band

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
34	-4		50	
TOTAL				

*15  
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.*

Rheuhama Sarcinella 8-19-10  
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 \_\_\_\_\_