

**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: Tamby Schmidt  
 Mailing Address: PO BOX 5144 City/Zip Gillette Home Telephone: 660-1979  
 Place of Employment: Fairmont Supply Work Telephone: 686-2400  
 EXACT Location of Residence: 5413 Reynolds DR. Gillette, WY 82718  
 Months for which Isolation is Requested: Aug - Sept  
 Bus Route student would normally ride: # Route 53  
 Please choose one of the following:  Private Transportation  Room and Board  Family Move

Name of Pupil	Grade	School	School Activity
Ashley M. Schmidt	11	WSSHHS	Golf, basketball, track photo club - science club 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
<del>75</del>	-4	71	50	35.50
75		TOTAL		

*1 way  
37.5*

\*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.*

*Tamby Schmidt* 9-10-10  
 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 \_\_\_\_\_