

**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: Robert Tarver
 Mailing Address: 861 Hart Rd City/Zip Gillette 82716 Home Telephone: 682-4441
 Place of Employment: Self - ranch Work Telephone: 682-2417
 EXACT Location of Residence: 60 miles north of Gillette
 Months for which Isolation is Requested: August - October
 Bus Route student would normally ride: # 26
 Please choose one of the following: **Private Transportation** **Room and Board** **Family Move**

Name of Pupil	Grade	School	School Activity
Taylor Tarver	9	Twin Spruce	Football

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
120 96	- 4	92	.50	46 ⁰⁰
TOTAL				46 ⁰⁰

*1 way
48*

*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.

Michelle Tarver 9-7-10
 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 _____