

**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: Becky Tennant & Brent Tennant
 Mailing Address: 2830-D Hwy 50 City/Zip Gillette 82718 Home Telephone 682-0048
 Place of Employment: 4J Work Telephone: 682-3076
 EXACT Location of Residence: 2830 State Hwy 50 unit D
 Months for which Isolation is Requested: Sept, October, Nov, Dec, Jan, Feb, Mar, Apr, May, June
 Bus Route student would normally ride: # _____
 Please choose one of the following: Private Transportation Room and Board Family Move

| Name of Pupil | Grade | School | School Activity |
|------------------|-------|--------|---------------------------------------|
| Courtney Tennant | 9 | WJSH S | FFA, Basketball, Track Drama, Golf |
| | | | |
| | | | |

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 |
|----------------------|-------------------------|------------------|-----------------|----------------|
| 84 | -4 | | .50 | |
| TOTAL | | | | |

41.7
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.

Becky Tennant
Signature of Parent/Guardian

9-2-10
Date

Chairperson of School Board Date

Clerk of School Board Date

For Office Use Only

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