

**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: Dottie White
Mailing Address: 179 Oedekoven Rd. City/Zip Gillette 82716 Home Telephone: 689-2519
Place of Employment: Campbell County Sheriff's Office Work Telephone: 682-7271
EXACT Location of Residence: 179 Oedekoven Rd.
Months for which Isolation is Requested: Jan - 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 |
|---------------|-------|------------------|------------------------|
| Trevor White | 11 | Campbell City HS | Indoor & Outdoor Track |
| Jeremy White | 9 | Twin Spruce | Basketball |
| | | | |

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 |
|----------------------|-------------------------|------------------|-----------------|----------------|
| 78 | -4 | | .50 | |
| TOTAL | | | | |

*36 mi
(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

9/20/10
Date

Chairperson of School Board _____ Date _____

Clerk of School Board _____ Date _____

For Office Use Only

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