

APPLICATION FOR TRANSPORTATION OR MAINTENANCE OF ISOLATED PUPILS

2017-2018 SCHOOL YEAR

CAMPBELL COUNTY SCHOOL DISTRICT #1

1000 West 8th St., PO Box 3033

Gillette, WY 82717

Parent/Guardian: Darcy & Shawn Acord

Mailing Address: 15534 Hwy 59 N City/Zip Weston 82734 Home Phone: 682-5833

Father's Place of Employment: Faddis-Kennedy Cattle Co. Work Phone: 682-5833

Mother's Place of Employment: Campbell County Public Library Work Phone: 687-9229

EXACT Location of Residence: 3/4 mile past mile marker 155 on Hwy 59 north

Months for which Isolation is requested: Aug 2017- May 2018 Bus Route student would normally ride: #

Please Choose ONE of the following: Private Transportation Room & Board Family Move

Please Choose ONE of the following: School Activity Transportation To /From School

Name of Student	Grade	School	School Activity(ies) To and From School
Cody Acord	10	CCHS	FFA, track
Emily Acord	9	CCHS	FFA, band, basketball, track
Katie Acord	8	TSJH	band, choir, soccer

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.

Per the Isolation Policy, 4 miles per round trip may not be reimbursed, thus they are subtracted out of the total per trip.

Private Transportation Miles (Verified by Transportation Department)

Child & School	Miles Per Round Trip	*Mileage Not Reimbursed	Reimbursed Miles	Amount Per Mile 2016	Total Per Trip
Cody Acord CCHS	89 88	-4	85	\$0.535	45.48
Emily Acord CCHS	89 88	-4	85	\$0.535	45.48
Katie Acord TSJH	87 86	-4	82	\$0.535	44.41

Please indicate the **maximum** number of round trips you will be making per day: One (1) Two (2) Three (3)

Remember, each trip is counted as one (1) round trip from home to school location.

If you are already in town and your child stays for practice & you then pick them up and go home, you may claim only a half (1/2) trip.

If you work in town that day, while your child is participating in the activity, you may not claim a trip.

I certify that the above claims are true and correct to the best of my knowledge and belief. Furthermore, I understand the information provided on this page will be included on the Board of trustee's agenda, available to the general public.

Darcy Acord
Signature of Parent/Guardian

11-14-17
Date

Chairperson of School Board _____

Date Application Approved _____