

**APPLICATION FOR TRANSPORTATION OR MAINTENANCE OF ISOLATED PUPILS  
2018-2019 SCHOOL YEAR  
CAMPBELL COUNTY SCHOOL DISTRICT #1  
1000 West 8<sup>th</sup> St., PO Box 3033  
Gillette, WY 82717**

Parent/Guardian: Mirven & Andrea Crook  
 Mailing Address: 38 Harvard Dr City/Zip Gillette 82716 Home Phone: 687-3118  
 Father's Place of Employment: NA Laid off Unemployment benefits Work Phone: 660-0662  
 Mother's Place of Employment: Unable to work at the moment Work Phone: 680-0661  
 EXACT Location of Residence: 38 Harvard Dr

Months for which Isolation is requested: Aug - May Bus Route student would normally ride: # 79

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
<u>Colten Crook</u>	<u>12</u>	<u>North Campus</u>	<u>Band</u>

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
<u>Colten North Campus</u>	<u>33</u>	<u>4</u>	<u>29</u>	<u>.545</u>	<u>\$15.81</u>
		<u>4</u>		<u>\$0.535</u>	
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Please indicate the maximum number of round trips you will be making per day:  One (1)  Two (2)  (3) Three  
 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.**

  
 Signature of Parent/Guardian

8-15-2018  
 Date

Chairperson of School Board \_\_\_\_\_

Date Application Approved \_\_\_\_\_