

APPLICATION FOR TRANSPORTATION OR MAINTENANCE OF ISOLATED PUPILS

2018-2019 SCHOOL YEAR
 CAMPBELL COUNTY SCHOOL DISTRICT #1
 1000 West 8th St., PO Box 3033
 Gillette, WY 82717

Parent/Guardian: Sonja + Jerry Geer
 Mailing Address: 2277 Hwy 50 City/Zip: Gillette 82718 Home Phone: 307-660-8698
 Father's Place of Employment: Self Work Phone: ~~307-660-8698~~
 Mother's Place of Employment: CCSD 4J School Work Phone: 307-682-3076
 EXACT Location of Residence: 2277 Hwy 50
 Months for which Isolation is requested: Aug-May 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
Abby Geer	12 th	Thunder Basin	Cross County Basketball Tracks

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
Geer TBHS	42	-4	38	545	\$2071
		-4		\$0.535	
		-4		\$0.535	

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.

Sonja Geer
 Signature of Parent/Guardian

8-18-18
 Date

Chairperson of School Board _____

Date Application Approved _____