

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: Barrie Marasco

Mailing Address: PO Box 1833 City/Zip Gillette 82717 Home Phone: (307) 686-2827

Father's Place of Employment: N/A Work Phone: _____

Mother's Place of Employment: CCSD Transportation Work Phone: (307) 682-4179

EXACT Location of Residence: 1071 Rocky Point Road Weston, WY 82731

Months for which Isolation is requested: 12 months Bus Route student would normally ride: # 23, 26, 28

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
Daniel Marasco	11	CCHS	Band
Charlotte Marasco	9	CCHS	Band, Basketball, Track

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
Daniel Marasco to CC HS	295 91	4	91	.545	\$ 49.60
Charlotte Marasco to CC HS	295 91	4	91	.545	\$ 49.60
		4			

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.

Barrie C. Marasco
Signature of Parent/Guardian

8-20-2018
Date

Chairperson of School Board _____

Date Application Approved _____

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