

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: Vondell + Doran Priewe

Mailing Address: 1304 Hilight Rd City/Zip 82718 Home Phone: 307-464-⁰⁰³⁰

Father's Place of Employment: Peabody / Self Work Phone: 307-660-⁶⁸¹⁰

Mother's Place of Employment: CCSD Seasonal (Wright WSH) Work Phone: 307-464-0140

EXACT Location of Residence: 1304 Hilight Rd

Months for which Isolation is requested: Aug-May Bus Route student would normally ride: # 58

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
Dawson Priewe	9	WSH	Football, basketball, FFA, Track, Wrestling?
Kinlee Priewe	12	WSH	Fall Cheerleading, Winter cheerleading, FFA, 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
Dawson Priewe	30 30	-4	26	\$0.535	\$14.71
Kinlee Priewe	30	-4	26	\$0.535	\$14.17
		-4		\$0.535	

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

Vondell Priewe
Signature of Parent/Guardian

9/13/2018
Date

Chairperson of School Board _____

Date Application Approved _____