

Kenyon-Wanamingo Public Schools
Independent School District #2172
Wanamingo, Minnesota

610 FIELD TRIPS – Form B

**KENYON-WANAMINGO MIDDLE-HIGH SCHOOL
EXTENDED STUDENT TRIP REQUEST FORM**

This request form must be completed for any proposed student trip which is taken for more than one day and requires an overnight stay. Requests must be submitted to the Principal by May 1st of the year prior to the trip (unless competition related).

Name of Group: FFA Date of application: 5/9/25

Teacher/Sponsor: Dakota Sayer Destination: Indianapolis

Number of students: 9 Number of adult chaperones: 1

Educational Goal or Objective: FFA National Convention +
Expo, Career Fair, Seminars, Workshops,
and Tours

Please attach an itinerary and supervision plan.

Departure Date: 10/28/25 Time: 8am Return Date: 11/1/25 Time: 10pm

Number of school days: 4 Number of non-school days: 1

Is this a recurring trip? Yes Date last trip was taken: October 2024

Estimated trip cost

Student fee	\$ <u>60</u>	X <u>9</u>	(number of students)	= \$ <u>540</u>
Adult fee	\$ <u>0</u>	X <u>1</u>	(number of adults)	= \$ <u>0</u>
Total round trip charter miles		X \$ 1.60 per mile		= \$
Total round trip school van miles	<u>1200</u>	X \$.99 per mile		= \$ <u>1188</u>
Bus driver time		X \$25.00 per hour		= \$
Substitute teacher		X \$175 per day		= \$
Other faculty attending		X \$40 per hour		= \$
Other faculty supervision		X \$40 per hour		= \$
Miscellaneous costs	<u>Food + Lodging</u>			= \$ <u>2600</u>

Amount of money collected by trip organizer: \$ 0 - FFA Activity Fund

Cost to student: \$ 0

Cost to the district: \$ Sum for 4 days

Budget code(s) to be charged: E-10-020-298-918-000-401

List chaperone cell phone numbers:

920-422-2823

* Please notify school nurse to plan for special student needs.

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(This section to be completed by Principal)

Transportation contact date: _____ Vehicle(s): _____

Comments: _____

Principal confirmation of transportation: _____ Date: _____

- School Board Policy 610 states that field trip approval will be dependent upon a plan that suggests an orderly and safe environment, clear learning objectives, reasonable cost to the participant or district, and minimal impact of an absence on scholastic performance and the overall operation of the school. Every reasonable effort must be made to avoid missing instructional days.

If a fundraiser is going to help defray the cost, please attach a Request for Fundraiser Form.

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>JW</u> Activities Director	Date <u>5/15/25</u>
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>M.R.</u> Principal	Date <u>5-14-25</u>
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>BS</u> Superintendent	Date <u>5/15/25</u>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____ School Board Clerk	Date _____

cc (if approved): Trip coordinator, school office staff, and food service director.