

**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: KW 6th grade Date of application: 5.10.2025
Teacher/Sponsor: Mandi Kyllö-Lunde Destination: Eagle Bluff learning center, Lanesboro MN
Number of students: 50 Number of adult chaperones: 15

Educational Goal or Objective: Our goal is to expose & immerse students in lessons of science, adventure, natural history, cultural history, and team building. This screen-free environment is ideal to help students connect and communicate in a natural environment.

Please attach an itinerary and supervision plan.

Departure Date: May 19, 2026 Time: 8:45am Return Date: May 22, 2026 Time: 2:30-2:45pm

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

Is this a recurring trip? Yes Date last trip was taken: Spring May 20-23, 2025

Estimated trip cost

Student fee	\$ <u>270</u>	X <u>TBD</u>	(number of students)	= \$	_____
Adult fee	\$ <u>230</u>	X <u>TBD</u>	(number of adults)	= \$	_____
Total round trip charter miles	_____	X \$ 1.60 per mile		= \$	_____
Total round trip school van miles	<u>154 mi</u>	X \$.99 per mile		= \$	<u>152.46</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	_____			= \$	_____

2025 total from don held was \$1643.20
(*should be comparable)

Amount of money collected by trip organizer: \$ Varies w/class # 'chaperone #

Cost to student: \$ \$270.00

Cost to the district: \$ Van cost

Budget code(s) to be charged: _____

List chaperone cell phone numbers:

<u>Mandi Kyllö-Lunde</u>	<u>507-202-5453</u>
<u>Rachel Cline</u>	<u>612-226-5526</u>

*** 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.

☒ Approved ☐ Disapproved QW Activities Director Date 5/15/25
☒ Approved ☐ Disapproved M.R. Principal Date 5-13-25
☒ Approved ☐ Disapproved BJ Superintendent Date 5/14/25
☐ Approved ☐ Disapproved _____ School Board Clerk Date _____

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