## 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: <u><b>3</b></u> 9 25
Teacher/Sponsor: Dauota S	oyer Destination: St. Paul
Number of students:	Number of adult chaperones:2
Educational Goal or Objective: St	twork
Please attach an itinerary and superv	-
Departure Date: 4/19/26 Time: 12	2-pm Return Date: 4/21/26 Time: 6pm
Number of school days:	Number of non-school days:
Is this a recurring trip? Yes	Date last trip was taken: April 2025
Student fee \$ 40 X Adult fee \$ 5 X Total round trip charter miles Total round trip school van miles 6 Bus driver time Substitute teacher 2 teches +2 Other faculty attending Other faculty supervision Miscellaneous costs  Amount of money collected by trip org	X \$ 1.60 per mile = \$ = \$ 594
Cost to student: \$	
Cost to the district: \$SUD For Budget code(s) to be charged: E - I	Dava - 2 <sup>nd</sup> durver 10 - 020 - 298 - 918 - 000 - 401
List chaperone cell phone numbers:	920-422-2823
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<sup>\*</sup> Please notify school nurse to plan for special student needs.

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(This section to be completed by Principal)				
Transportation co	ontact date:	e: Vehicle(s):		
Comments:				
Principal confirmation of transportation:		ate:		
<ul> <li>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.</li> <li>If a fundraiser is going to help defray the cost, please attach a Request for Fundraiser Form.</li> </ul>				
Approved	Disapproved	Activities Director	Date 5/15/25	
Approved	Disapproved	M. R. Principal	Date 5-17-25	
Approved	Disapproved	<u>B</u> Superintendent	Date 5/15/83	
Approved	Disapproved	School Board Clerk	Date	
cc (if approved):	Trip coordinator, so	chool office staff, and food service	ce director.	