

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

610 FIELD TRIPS – Form A

**KENYON-WANAMINGO SCHOOLS
FIELD TRIP REQUEST FORM**

Circle Category of Field Trip: Required or Optional

(Please use the district field trip planning guide to assist in completing your request)

Name of group/organization: _____ Teacher/supervisor: _____

Date of trip: _____ Destination: _____ Date submitted: _____

Educational benefits of the trip: _____

Number of students attending: _____* Grade(s): _____

Number of adults chaperones: _____

Bus departure time: _____ Estimated bus return time: _____

Estimated trip cost

Student fee	\$ _____	x _____	(number of students)	= \$ _____
Adult fee	\$ _____	x _____	(number of adults)	= \$ _____
Total round trip charter miles	_____	x \$1.60	per mile	= \$ _____
Total round trip school van miles	_____	x \$.99	per mile	= \$ _____
Bus driver time*	_____	x \$25.00	per hour	= \$ _____
*Add 1 hr for pre and post trip inspection		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	_____			= \$ _____

Amount of money collected by trip organizer: \$ _____

Cost to student: \$ _____

Cost to the district: \$ _____

Budget code(s) to be charged: _____

List chaperone cell phone numbers: _____

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

(This section to be completed by Principal)
Bus transportation contact date: _____ Vehicle(s): _____
Comments: _____
Principal confirmation and approval of transportation: _____ Date: _____

cc (if approved): Teacher, superintendent, office staff, and food service director