

**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: _____ Date of application: _____

Teacher/Sponsor: _____ Destination: _____

Number of students: _____ Number of adult chaperones: _____

Educational Goal or Objective: _____

Please attach an itinerary and supervision plan.

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Number of school days: _____ Number of non-school days: _____

Is this a recurring trip? _____ Date last trip was taken: _____

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		= \$ _____
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.**

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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	_____ Activities Director	Date _____
___ Approved	___ Disapproved	_____ Principal	Date _____
___ Approved	___ Disapproved	_____ Superintendent	Date _____
___ Approved	___ Disapproved	_____ School Board Clerk	Date _____

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