

**Kenyon-Wanamingo Public Schools
Independent School District #2172
Kenyon, 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: SELECT SENIOR CHORUS MEMBERS Date of application: 5/12/26
 Teacher/Sponsor: HANNAH JOHNSON Destination: DECORAH, IA → LUTHER COLLEGE
 Number of students: 4-8 Number of adult chaperones: 1
 Educational Goal or Objective: (dependent on how many are accepted) Perform & rehearse w/ festival choir (1000+ singers), work w/ collegiate music professors, experience choir out of KW, collaborate w/ other singers from other schools.

Please attach an itinerary and supervision plan.

Departure Date: 5/10/27 Time: 9am Return Date: 5/11/27 Time: 10pm - 11pm
 Number of school days: 1 Number of non-school days: 1
 Is this a recurring trip? yes Date last trip was taken: Jan 2026

| | | | |
|-----------------------------------|--------------|-----------------------------------|-----------------------|
| Estimated trip cost | | | |
| Student fee | \$ <u>62</u> | X <u>4-8</u> (number of students) | = \$ <u>248 ~ 496</u> |
| Adult fee | \$ <u>10</u> | X <u>1</u> (number of adults) | = \$ <u>10</u> |
| Total round trip charter miles | | X \$ 1.40 per mile | = \$ <u>-</u> |
| Total round trip school van miles | <u>219.2</u> | X \$.99 per mile | = \$ <u>217.01</u> |
| Bus driver time | | X \$25.00 per hour | = \$ <u>-</u> |
| Substitute teacher | <u>1</u> | X \$175 per day | = \$ <u>175</u> |
| Other faculty attending | | X \$40 per hour | = \$ <u>-</u> |
| Other faculty supervision | | X \$40 per hour | = \$ <u>-</u> |
| Miscellaneous costs | | | = \$ <u>-</u> |

(650.01 ~ 898.0)

Amount of money collected by trip organizer: \$ 300 ~ 600

Cost to student: \$ ~~65~~ ~~75~~ 75

Cost to the district: \$ ~~350.01~~ \$300 ~ 350

Budget code(s) to be charged: Choir Activities Account

List chaperone cell phone numbers:
Hannah Johnson - 507-301-4440

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

Director accommodations covered in state development

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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 JW Activities Director Date 5/13/26

Approved Disapproved M.R. Principal Date 5-12-26

Approved Disapproved PH Superintendent Date 5/12/26

Approved Disapproved _____ School Board Clerk Date _____

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