

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

**610 FIELD TRIPS-Form B K-W 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 6<sup>th</sup> grade Date of application: 5-8-2026

Teacher/Sponsor: Mandi Kyle-Lunde Destination: Eagle Bluff Learning Center, Lanesboro MN

Number of students: 42 Number of adult chaperones: 20

Educational Goal or Objective: Our goal is to expose and immerse students in lessons of science, adventure, independence, natural 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 18, 2026 Time: 8:45am Return Date: May 21, 2026 Time: 2:20-2:45pm

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

Is this a recurring trip? Yes Date last trip was taken: May 19-22, 2026  
\* KW 25<sup>th</sup> year

Estimated trip cost

Student fee	\$ <u>300</u>	X <u>TBD</u>	(number of students)	= \$	_____
Adult fee	\$ <u>270</u>	X <u>TBD</u>	(number of adults)	= \$	_____
Total round trip charter miles	_____	X \$ 1.40 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	_____			= \$	_____
				TOTAL= \$	_____

2 bus  
1 van  
required  
by Eagle Bluff

2026 Bus cost from Jan Held was \$1234.92  
\* Cost should be comparable

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

Cost to student: \$ 300.00 Cost to the district: \$ Van Cost

Budget code(s) to be charged: \_\_\_\_\_

List chaperone cell phone numbers:

Mandi Kyle-Lunde 907-202-5453  
Rachel Cline 612-226-5526

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

(This section to be completed by Principal)

Transportation contact date: \_\_\_\_\_ Vehicle(s): \_\_\_\_\_

Comments: \_\_\_\_\_

Principal confirmation of transportation: \_\_\_\_\_ Date: \_\_\_\_\_

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>JW</u> Activities Director	Date <u>5/13/26</u>
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>M.R.</u> Principal	Date <u>5-11-26</u>
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<u>PAF</u> Superintendent	Date <u>5/12/26</u>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____ School Board Clerk	Date _____