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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: Robotics Regional Date of application: 5/26/21

Teacher/Sponsor: Maxson Blever Destination: TBD

Number of students: 7-15 Number of adult chaperones: 3-5

Educational Goal or Objective: Exploration of STEM experiences through the sport of Robotics.

Please attach an itinerary and supervision plan.

Departure Date: TBD Time: TBD Return Date: TBD Time: TBD

Number of school days: 2-3 Number of non-school days: _____

Is this a recurring trip? Yes Date last trip was taken: 4/2026

Estimated trip cost

Student fee $_____	X _____ (number of students)	= $	
Adult fee $_____	X _____ (number of adults)	= $	
Total round trip charter miles _____	X $ 1.40 per mile	= $	
Total round trip school van miles 300est	X $ .99 per mile	= $	297
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 Lodging (covered by team funds)		= $	2703
		TOTAL= $	3000

Amount of money collected by trip organizer: $_____

Cost to student: $ 0 (just food) Cost to the district: $ 0

Budget code(s) to be charged: R01 020 293 940 000 096 (donations Robotics)

List chaperone cell phone numbers:

TBD

*** 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: _____

____Approved ____Disapproved	_____	Activities Director	Date_____
✓ Approved ____Disapproved	M.B	Principal	Date 6-8-26
✓ Approved ____Disapproved	PH	Superintendent	Date 6/22/26
____Approved ____Disapproved	_____	School Board Clerk	Date_____

cc (if approved): Trip coordinator, school office staff, and food service director Revised 2026