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: FFA Date of application: 7/23/2026

Teacher/Sponsor: Madeline Schultz Destination: Harrisburg, PA

Number of students: 4 Number of adult chaperones: 2

Educational Goal or Objective: Give students the opportunity to showcase their skills on a national level.

Please attach an itinerary and supervision plan.

Departure Date: 9/12 Time: 4:00AM Return Date: 9/14 Time: 4:00PM

Number of school days: 1 Number of non-school days: 2

Is this a recurring trip? No Date last trip was taken: _____

Estimated trip cost

Student fee	$ 0	X 4 (number of students)	= $	
Adult fee	$ 0	X 2 (number of adults)	= $	
Total round trip charter miles	0	X $ 1.40 per mile	= $	
Total round trip school van miles	0	X $ .99 per mile	= $	
Bus driver time	0	X $25.00 per hour	= $	
Substitute teacher	1	X $175 per day	= $	$175
Other faculty attending	0	X $40 per hour	= $	
Other faculty supervision	0	X $40 per hour	= $	
Miscellaneous costs	Hotel $119 x 6 Car = $300 Ticket: $600		= $	
			TOTAL = $	~ 2000

Amount of money collected by trip organizer: $_____

Cost to student: $ 0 Cost to the district: $ 0

Budget code(s) to be charged: _____

List chaperone cell phone numbers:

Madeline Schultz - 507-384-2671

Melinda Foss - 507-319-3858

*** 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.R. Principal	Date 7-23-26
____Approved	____Disapproved	_____Superintendent	Date_____
____Approved	____Disapproved	_____School Board Clerk	Date_____

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

Revised 2026