Tri-Cities
Regional Occupational Program
# FIELD TRIP REQUEST

**Submit this completed form (2 pages, front & back) to your ROP Supervisor at least four (4) weeks in advance.**
***Any overnight stay requires submission at least 8 weeks in advance for Board approval.***

***Once approved by Tri-Cities ROP, check with the curriculum office at the high school and follow their field trip procedures***

Teacher: Mrs. Erica Grant Date request turned in: 9/30/2026

Class: Med Core / Sports Medicine 1 ☑ High School ☐ Adults Period(s): _____

Has field trip been approved by home school site? ☐ Yes ☐ No If yes, by whom: _____ Date: _____

Trip Destination (include full address): Rio Hondo College-Public Service Pathway Day 2026

3600 Workman Mill Rd, Whittier, CA 90601

Trip Date: 10/23/2026 Departure Time: ~~8:15am~~ 8:45am # of Students: 35

Day of Week: Friday Return Time: 2:50pm # of Chaperones: 2 + 1 Instructor (Please attach roster of students to form)

38 TOTAL

Name *and* of Title of Chaperone(s):

1. Jacqueline Ramirez Fingerprinted? ☑ Y ☐ N 2. _____ Fingerprinted ☐ Y ☐ N
3. Jonathan Olmedo Fingerprinted? ☑ Y ☐ N 4. _____ Fingerprinted ☐ Y ☐ N

**TCROP Bus Needed:** ■ Yes ☐ No Campus: Whittier High School

Funding Source: _____

Street Location to pick up and return students: Whittier Ave - by the auditorium

Time Loading at start of trip: ~~8am~~ 8:30 am Time Loading for return: 2:25pm

Arrival time back to campus: 2:50pm

Going to Board on NOV 12, 2026

Will bus be making any stops before returning to campus? ☐ Yes ■ No

If yes, name and address required: _____

_____

**Substitute needed?** ■ Yes ☐ No **List dates and periods sub needed below:**

| M | T | W | Th | F |
|---|---|---|---|---|
| Date: Periods: | Date: Periods: | Date: Periods: | Date: Periods: | Date: 10/23/26 Periods: 2, 4, 6 |

**MUST COMPLETE THE RATIONALE FOR FIELD TRIP FOR APPROVAL**

**Rationale for Field Trip**

1. How does the trip fit into the curriculum?

Students will learn about careers in law enforcement, fire services, emergency management, healthcare, public administration, and other public-service fields.

2. What preparation activities will take place prior to the trip?

Students will prepare questions to ask in the differnet sessions they will be attending.

**Complete this section only if there are fees other than busing for this field trip**

**Expenses (Instructor please complete):**

Registration Fee(s):

$0 ☐ Per Group ☐ Per Participant # of Fees: 0 Total Due: $ 0

☐ *Registration Information attached (Mandatory)

**If a registration fee is due for each person on the field trip the teacher must submit all information needed for approval*

Other Costs:

$1,700.00 Explain: Bus

**OFFICE USE ONLY**

**Approved:** ☐ YES ☐ NO

Director Signature/Date: [signature] 10/16/2026

Superintendent Approval: [signature] 10-19-26

**Route:**

1. Human Resources: Ruth S Hard Copy on 10/15/26 IB
   (Substitute if needed) Initials/Date
2. Non-Stock P. O. #: Initials/Date
3. Teacher's copy: Erica G emailed 10/15/26 IB

**ACCOUNTING**

P.O. # PO1-270000000210 Vendor # Star-Dust Tours, Inc $1,700.00

| TYPE: | FUND | RESOURCE | GOAL | FUNCTION | OBJECT | LOCATION |
|---|---|---|---|---|---|---|
| GEN ☐ Perkins ER ☐<br>SWP:<br>[] 63885.1 – Construction<br>[] 63886.1 – Connections<br>[] 63887.1 – Health<br>[] 63888.1 – Pipeline<br>[] 63884.3 – P.W. Coord | 01.0<br>01.0 | ~~92400.00~~<br>63870.00 | 63001<br>63060 | 10000<br>10000 | 5811<br>5811 | 0000107<br>0000107 |

CTE/G funding

***Star-Dust Tours, Inc.***
**520 S. Greenwood Ave.**
**Montebello, Ca 90640**
**US-DOT-1849751**

Ph: 323-278-9383 Fax: 323-278-9030

**INVOICE#: 10-23-26-B**
**Driver:**
**Bus #:**

**Group Info:**
CONTACT #:

DEPARTURE DATE: 10/23/26-FRIDAY
**BUS QTY: 1-54**
**# OF PAX: 35**

**GROUP:**
TRIC-CITIES ROP – MED CORE

ORDERED BY: IRENE BARRASA
ibarrasa@tricitiesrop.org

**PICK UP:**
WHITTIER HIGH SCHOOL
12417 Philadelphia St, Whittier, CA 90601
**(BY THE AUDITORIUM)**

**DESTINATION:**
RIO HONDO COLLEGE
3600 WORKMAN MILL ROQAD
WHITTIER, CA 90601

**SERVICE RATE:**
1ST 5 Hours- $1,300.00 x 1
Over Time- $180.00 x 2
Day Rate- $1,660.00
Fuel Sir Charge- $40.00

**Total Amount Due- $1,700.00**

**SERVICE TIMES:**

**YARD TIME:**

**SPOT TIME: 7:45AM**

**END TIME: 2:50PM**

| Location | Mileage | Date | Arrival Time | Depart Time | # OF Passengers | STATE |
|---|---|---|---|---|---|---|
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| YARD TIME | OFF DUTY | TOTAL HOURS | STARTING MILEAGE | ENDING MILEAGE | TOTAL MILEAGE |
|---|---|---|---|---|---|
| | | | | | |

Customer Signature: Kelli Kent 10-16-2026 - Release Time: _____

10-19-26