



Lowell Public Schools

*Lowell High School
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Lowell, Massachusetts 01852-1050*



*Michael Fiato
Head of Schools*

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January 13, 2022

To: Joel Boyd, Superintendent

From: Michael Fiato, Head of School

Re: MSSASA Conference – Lowell High School Athletic Director Request to Travel

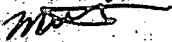
Dr. Boyd,

Mr. David Lezenski is requesting to travel overnight to the 46th Annual MSSADA Conference is March 29, 2022, at the Cape Cod Resort and Conference Center in Hyannis, Massachusetts. This first-class conference is foremost in featuring professional speakers and an exhibit show with more than 300 exhibit booth spaces, as well as proven athletic administrators who willingly share their experience and expertise on a variety of educational topics.

This conference offers Professional Development as well as workshops, presentations and speakers that are current and educational in the field of high school athletics.

There will be no cost to the school department for this trip.

Sincerely,


Michael Fiato
Head of Schools
Lowell High School

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

-Please fill out all provided fields to avoid any delays of the approval process-

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: David M. Lezenski

School: LHS Grade Level: _____ Subject: _____

Workshop Title: Massachusetts Secondary Schools Athletic Directors

Organization/Department Presenting Workshop: State Conference Cost: 0-

Date(s) of Workshop: 3/29 - 4/1/22

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State *Out of State () *Overnight (Please one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: [Signature] Date: _____

Signature of Approval by Principal: [Signature] Date: _____

Please provide source of funding, account number and/or grant name, and number for workshop and substitute

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: _____ Date: _____

Sub Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.