



Wendy Crocker-Roberge  
Assistant Superintendent for  
Schools & Leadership  
155 Merrimack Street  
Lowell, Massachusetts 01852

LOWELL PUBLIC SCHOOLS  
Phone: (978) 674-2163  
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TO: Liam Skinner, Superintendent

FROM: Wendy Crocker-Roberge, Assistant Superintendent for Schools & Leadership

DATE: January 29, 2025

RE: *Overnight Travel Request*

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I request that the School Committee approve out-of-state travel for the following:

Permission for Lesa Breault-Gulbicki, Safety Coordinator, Lisa Murphy, Executive Secretary for Facilities and Operations, Kaitlin Sharry, Director of Transportation, Antwan Thomas, Head of Campus Safety, and Officer Timothy Sullivan, SRO for LPS to attend the 2025 National Student Safety and Security Conference & Workshop (NSSSC) in Orlando, FL between April 29th and May 3, 2025.

The NSSSC-2025 will help LPS develop an effective action plan unique to our schools and surrounding community and learn how to engage the widest range of stakeholders to make our school district safe and secure -- the way learning environments should be.

We will join other delegates from all over the country representing every sector of society to model a community process to help stamp out all forms of school violence, including shootings, bullying, dating violence, vandalism, gang activity, and catastrophic events such as school massacres. This will help us find out what other schools are doing now and discover how they are confronting challenges similar to the ones our school faces.

The cost of meals (\$75/day expense) will not exceed \$375.00 per person. The cost of the trip, including parking, lodging, conference fee, and airfare per person is approximately \$3,300.00, not to exceed \$19,000 in total for the five individuals. This will be funded through the Fc212 Emergency Management Planning Grant. There will be no cost to the district.

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*Overnight Travel Request-January 29, 2025*

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: <b>Lesa Breault-Gulbicki</b>		PF Number: <b>PF465</b>
School: <b>Central - Schools &amp; Leadership</b>	Grade Level: <b>N/A</b>	Subject: <b>Safety</b>
Workshop Title: <b>National Student Safety and Security Conference and Workshop</b>		
Organization/Department Presenting Workshop: <b>NSSSG</b>		
Cost: <b>3300</b>	Date(s) of Workshop: from: <b>4/30/2025</b> to: <b>6/2/2025</b>	
Substitute Coverage Needed? <b>No</b> If <b>Para</b> is to serve as the coverage, indicate <b>Para's</b> name here:		
<b>* Out of State, * Overnight</b> ** Letter to the Superintendent of Out of State/Overnight attached **		

Signature of Applicant: <i>Lesa Breault-Gulbicki</i>	Date: <b>1/27/2025</b>
Signature of Approval by Principal: <i>Wendy Crocker-Roberge</i>	Date: <b>1/27/2025</b>

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

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)	<b>Fc212 Emergency Management Planning Grant</b>	<b>N/A</b>	<b>WCR</b>

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.

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: <b>Lisa Murphy</b>		PF Number: <b>PF511</b>
School: <b>Central - HR &amp; Operations</b>	Grade Level: <b>N/A</b>	Subject: <b>Safety and Security</b>
Workshop Title: <b>National Student Safety and Security Conference and Workshop</b>		
Organization/Department Presenting Workshop: <b>N/A</b>		
Cost: <b>3300</b>	Date(s) of Workshop: from: <b>4/30/2025</b> to: <b>5/2/2025</b>	
Substitute Coverage Needed? <b>No</b> If <b>Para</b> is to serve as the coverage, indicate <b>Para's</b> name here:		
* Out of State, * Overnight ** Letter to the Superintendent of Out of State/Overnight attached **		

Signature of Applicant: <i>Lisa Murphy</i>	Date: <b>1/30/2025</b>
Signature of Approval by Principal: <i>Wendy Crocker-Roberge</i>	Date: <b>1/30/2025</b>

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

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)	<b>FC212 Emergency Planning Grant</b>	<b>None</b>	<b>WCR</b>

Signature of Central Administrator:	Date:
Sub Reserved:	Date:
Request Denied by:	Date:

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: <b>Kaitlin Sharry</b>		PF Number: <b>PF512</b>
School: <b>Central - HR &amp; Operations</b>	Grade Level: <b>N/A</b>	Subject: <b>Safety and Security</b>
Workshop Title: <b>National Student Safety and Security Conference and Workshop</b>		
Organization/Department Presenting Workshop: <b>N/A</b>		
Cost: <b>3300</b>	Date(s) of Workshop: from: <b>4/30/2025</b> to: <b>5/2/2025</b>	
Substitute Coverage Needed? <b>No</b> If Para is to serve as the coverage, indicate Para's name here:		
<p><b>* Out of State, * Overnight</b></p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p>		

Signature of Applicant: <i>Kaitlin Sharry</i>	Date: <b>1/30/2025</b>
Signature of Approval by Principal: <i>Wendy Crocker-Loberge</i>	Date: <b>1/30/2025</b>

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

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)	<b>FC212 Emergency Planning Grant</b>	<b>None</b>	<b>WCR</b>

Signature of Central Administrator:	Date:
Sub Reserved:	Date:
Request Denied by:	Date:

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: <b>Antwan Thomas</b>		PF Number: <b>PF513</b>
School: <b>LHS</b>	Grade Level: <b>N/A</b>	Subject: <b>Safety and Security</b>
Workshop Title: <b>National Student Safety and Security Conference and Workshop</b>		
Organization/Department Presenting Workshop: <b>N/a</b>		
Cost: <b>3300</b>	Date(s) of Workshop: from: <b>4/30/2025</b> to: <b>5/2/2025</b>	
Substitute Coverage Needed? <b>No</b> If <b>Para</b> is to serve as the coverage, indicate <b>Para's</b> name here:		
<p><b>* Out of State, * Overnight</b></p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p>		

Signature of Applicant: <i>Antwan Thomas</i>	Date: <b>1/30/2025</b>
Signature of Approval by Principal: <i>Wendy Crocker-Loberge</i>	Date: <b>1/30/2025</b>

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

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Title I District			
Individual School Fund #			
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Other Grants/Programs (Provide Grant/Program Name & No.#)	<b>FC212 Emergency Planning Grant</b>	<b>None</b>	<b>WCR</b>

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: <b>Officer Timothy Sullivan</b>		PF Number: <b>PF514</b>
School: <b>LHS</b>	Grade Level: <b>N/A</b>	Subject: <b>Safety and Security</b>
Workshop Title: <b>National Student Safety and Security Conference And Workshop</b>		
Organization/Department Presenting Workshop: <b>N/A</b>		
Cost: <b>3300</b>	Date(s) of Workshop: from: <b>4/30/2025</b> to: <b>5/2/2025</b>	
Substitute Coverage Needed? <b>No</b> If Para is to serve as the coverage, indicate Para's name here:		
* Out of State, * Overnight ** Letter to the Superintendent of Out of State/Overnight attached **		

Signature of Applicant: <i>Officer Timothy Sullivan</i>	Date: <b>1/30/2025</b>
Signature of Approval by Principal: <i>Wendy Crocker-Roberge</i>	Date: <b>1/30/2025</b>

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<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
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Other Grants/Programs (Provide Grant/Program Name & No.#)	<b>FC212 Emergency Planning Grant</b>	<b>None</b>	<b>WCR</b>

Signature of Central Administrator:	Date:
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