



Lowell Public Schools

*Lowell High School
50 Fr. Morissette Blvd
Lowell, Massachusetts 01852-1050*



*Michael Fiato
Head of School*

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January 15, 2025

Liam Skinner Superintendent
Lowell Public Schools
155 Merrimack Street
Lowell, MA 0185

SUBJECT: OVERNIGHT STATE LEADERSHIP CONFERENCE FOR BUSINESS PROFESSIONALS OF AMERICA

Dear Mr. Skinner,

I am writing to request permission for 24 student members of the Lowell Chapter of the Business Professionals of America to participate in the State Leadership Conference in Norwood, MA on Saturday March 8th and 9th.

Students will be chaperoned by LHS Business teachers Jill Taylor and Charlotte Tacito. Teacher costs for the trip will be paid through chapter funds of approximately \$950 total. The cost for the students is \$325 per student and will be covered by the 1826 School Store funds based on the number of students attending. This will include all meetings, meals, activities for the students. Transportation will be covered by the Student Activities Funds. No substitutes are needed as this is a weekend conference.

Students will **compete** in a variety of events, including, but not limited to:

Fundamental Accounting	Banking & Finance	Fundamental Word Processing Skills
Administrative Support Concepts	Graphic Design Promotion	Extemporaneous Speech
Prepared Speech	Business Law and Ethics	Computer Programming
TV News Production - Team Event	Basic & Advanced Interview Skills	Human Resource Management
Administrative Support - Team Event	Management/Human Resources Concepts	Podcast Production - Team Event

Members will choose three areas of their choice to demonstrate their competency. Additionally, members will attend professional development workshops, business meetings, and chapter meetings when not in competitive events. Following the Grand Awards Session on Sunday, students will board the return bus to LHS and arrive by 8pm.

Thank you for your consideration,


Mike Fiato
Head of Schools

MEMO

TO: Michael Fiato, Head of School

FROM: *JT* Jill Taylor, Business Professionals of America Advisor

DATE January 10, 2025

SUBJECT: OVERNIGHT STATE LEADERSHIP CONFERENCE FOR BUSINESS PROFESSIONALS OF AMERICA

I am writing to request permission to take 24 members of the Lowell Chapter of Business Professionals of America to participate in the State Leadership Conference sponsored by the MA Business Professionals of America at the Sheraton Four Points Hotel in Norwood, MA on Saturday, March 8 and Sunday, March 9, 2025.

I am requesting permission to attend the conference with student members of LHS BPA and teacher Charlotte Tacito. Teacher costs for the trip will be paid through chapter funds of approximately \$950 total. The cost for students is \$325 per student and will be covered by The 1826 School Store funds based on the number of students attending. This cost includes all meetings, meals and activities for students at the Sheraton. Transportation costs to the hotel will be covered by the Student Activities Fund. There is no additional cost to the Lowell School Department for students. No substitute is needed due to this being a weekend conference only.

Students will compete in a variety of events, including but not limited to:

Fundamental Accounting	Business Law and Ethics
Banking & Finance	Computer Programming
Fundamental Word Processing Skills	TV News Production - Team Event
Administrative Support Concepts	Advanced Interview Skills
Graphic Design Promotion	Interview Skills
Extemporaneous Speech	Human Resource Management
Prepared Speech	Administrative Support - Team Event
Podcast Production - Team Event	Management/Marketing/Human Resources Concepts

Members will demonstrate their competency in three areas of their choice. Additionally, members will attend professional development workshops, business meetings, and chapter meetings when not in competitive events. The Grand Awards Session will be held in person on Sunday, March 9, 2024 after all competitive events have taken place. Students will return to LHS by 8 pm on Sunday, March 9.

Thank you for your consideration.

Stephen L Gervais Jr.
c Stephen Gervais, Department Chair

Lowell High School Field Trip Request Form
(Must be turned in 4 Weeks in advance)

A trip is considered an official Lowell High School Field Trip when it is connected to any LHS class, student activity, club, sport or special program whether they occur on a school day or on a weekend.

A field trip form MUST be filed with the Main Office for the Head of School's signature 4 (four) weeks prior to the event. The Head of School's signature is required for ALL trips. Keep a copy of this request for your files.

Name: Jill Taylor Date: 1/13/2025

Name and cell phone of staff member on trip: 508 451-3056

Date(s) of the trip: 3/8/25 7am
(day and date)

Hours: Leaving: 3/8/25 Returning: 3/9/25 P/4

Number of Students: 24 Number of Chaperones: 2

Description of Field Trip: State Leadership Conference
Business Professionals of America

Type & Number of Vehicles: _____ Approximate Mileage: 45

Charges to Student (per person)

Charges to School Department

Transportation: /

Transportation: student Activities

Entry Fees: \$100

Entry Fees: The 1826 School Store

Meals: /

Meals: /

How many substitute teachers are you requesting? 1 weekend overnight

Full Day OR Specific mods _____
(list all mods needing coverage)

You are required to meet the following conditions:

- Obtain parental and teacher permission
- Notify House Dean of students attending
- Meet all requirements of the field trip site
- File a post-trip report to the Head of School if requested
- Arrange for students to be returned to LHS or home

Reviewed by: SL Seward jr.
Department Head:

Date: 14 January 25

Approved by: M
Head of School:

Date: 1/16/25

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, Instruction & Assessment Office

Name of Staff Member: Jill Taylor

School: LHS Grade Level: 9-12 Subject: Business

Workshop Title: BPA SLC

Organization/Department Presenting Workshop: MA BPA Cost: 425

Date(s) of Workshop: 3/8/25 + 3/9/25

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: Jill Taylor Date: 1/13/25

Signature of Approval by Principal: [Signature] Date: 1/16/25

****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.#)			

*By
Conline*

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.

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, Instruction & Assessment Office

Name of Staff Member: Charlotte Tacito

School: LHS Grade Level: 9-12 Subject: Business

Workshop Title: BPA SLC

Organization/Department Presenting Workshop: MA BPA Cost: \$425

Date(s) of Workshop: 3/8/25 + 3/9/25

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: 1/13/25

Signature of Approval by Principal: [Signature] Date: 1/16/25

****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. #)			

*SLC
(online)*

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.

NRT BUS
16 COMMERCIAL DR.
DRACUT, MA 01826
Phone-978-788-6249 / Fax 978-746-8912
Request for Bus Transportation

Date Requested for Bus: 1/13/25

Number of Buses: 1 Number of Passengers: 28

Pick Up Location: Lowell High School
50 Father Morissette Blvs
Lowell, MA 01852
Phone: (978) 446-7474/ Fax: (978)937-8902

Please note specific area for pickup (examples: in front of the cafeteria, gym, Freshman academy, etc.)

Pick-up Time: 7am - 3/8/25 Return Time: 3/9/25 6pm

Destination Location: Norwood Four Points
1125 Boston / Providence Tpk
Norwood, MA 02062

Name of the requestor: Jill Taylor Date of Request: 1/15/25
Signature of requestor: Jill Taylor
Phone Number of Requestor: _____

Responsible Party for Billing: _____
Billing Address _____
P.O. # _____

Special Notes: _____

Please scan the form to Kim to charters@nrtbus.com. You will receive this form faxed back with a confirmation number and pricing. Email confirmation to nbedard@lowell.k12.ma.us

Confirmation #	Price per bus
Name of North Reading Employee	Date Confirmed

