



Lowell Public Schools

Charles W. Morey Elementary School

130 Pine Street
Lowell, MA 01851

Kathleen McLaughlin, Ed.D.
Principal

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Keliann Woodlock
Assistant Principal

January 22, 2025

Mr. Liam Skinner
Superintendent of Schools
Lowell Public Schools
155 Merrimack Street
Lowell, MA 01852

Dear Mr. Skinner:

Please accept this request for an out-of-state professional development opportunity for Alexandra Emrick, a kindergarten teacher at the Morey School. Ms. Emrick is eager to learn more about the science of reading at the Granite State K-8 Literacy Summit from renowned researchers, such as Dr. Tolman, co-author of LETRS, which our teachers have studied over the last few years.

In order to participate, Ms. Emrick will be out of the district for one day: Tuesday, April 1, 2025. A substitute is required for that day and will be paid for utilizing the Morey School's professional development funds. Ms. Emrick is covering the conference fee.

Thank you for your consideration.

Sincerely,

Kathleen A. McLaughlin
Principal

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: Alexandra Emrick		PF Number: PF461
School: Morey	Grade Level: Kindergarten	Subject: Elementary
Workshop Title: Granite State K-8 Literacy Summit		
Organization/Department Presenting Workshop: The Reading League NH		
Cost: 350	Date(s) of Workshop: from: 4/1/2025 to: 4/1/2025	
Substitute Coverage Needed? Yes If Para is to serve as the coverage, indicate Para's name here:		
* Out of State ** Letter to the Superintendent of Out of State/Overnight attached **		

Signature of Applicant: <i>Alexandra Emrick</i>	Date: 1/23/2025
Signature of Approval by Principal: <i>Kathleen McLaughlin</i>	Date: 1/23/2025

****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 #	Self-Funded	93037030-530002	kam
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