



LOWELL PUBLIC SCHOOLS

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



Mike Fiato
Head of Schools

Tel. (978) 937-8900
mfiato@lowell.k12.ma.us

November 7, 2025

Dear Mr. Skinner,

Scott Ouellet is requesting permission for any qualifying members of the Lowell High School Wrestling Team, under the supervision of Coaches Nick Logan and Bryan Owen, to travel out of state to participate in an athletic event that includes an overnight stay.

The wrestling team is seeking approval to attend the New England Championships, scheduled for Friday, March 6, 2026, through Sunday, March 8, 2026, at the Providence Career and Technical Academy, 41 Fricker Street, Providence, RI.

This trip will only take place if we have student-athletes who qualify at the state level to compete. Lowell High School Wrestling has consistently attended this event in previous years, and it continues to be an important opportunity for our athletes to compete at the highest regional level.

Because we do not yet know which student-athletes, if any, will advance, the following costs are estimated:

- **Hotel accommodations (Hilton Hotel, 21 Atwells Ave, Providence, RI):** \$400 – \$600
- **Meals:** \$250 – \$400
- **Entry Fee:** \$20 – \$150
- **Estimated Total Cost:** \$1,000 – \$1,200

All expenses will be covered through the Lowell High School Athletic Account, using funds that have already been budgeted. Coaches Logan and Owen will provide and supervise all travel arrangements, with written parental permission required for each participating student-athlete.

Again, this trip will only occur if members of the Boys and Girls Wrestling Teams qualify for competition.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "mfiato".

Mike Fiato, Head of Schools
Lowell High School

Lowell Public Schools:
OVERNIGHT FIELD TRIP CHECKLIST

The School Committee recognizes that first-hand learning experiences provided by field trips are a most effective and worthwhile means of learning. It is the desire of the Committee to encourage field trips as an integral part of the program of the schools.

Specific guidelines and appropriate administrative procedures shall be developed to screen, approve and evaluate trips and to ensure that all reasonable steps are taken for the safety of the participants. These guidelines and appropriate administrative procedures shall ensure that all field trips have the approval of the Head of School and that all overnight trips have the prior approval of appropriate Administrative level.

Approval of the School Committee must be granted prior to money being collected, arrangements being made, or parental consent being issued for all overnight field trips.

The following guidelines are set to implement the planning of field trips as part of, and directly related to, classroom learning activities. All guidelines must be included in the request.

- The application for approval for an overnight field trip which requires students to miss a day or more of school must include written justification from the teacher proposing the trip.
- The application for approval for an overnight field trip which requires students to miss a day or more of school must include a written statement of the learning standards the trip will address.
- The application for approval for an overnight field trip must include an itemization of all costs associated with the trip and the funding source.
- All proposed field trips must have the approval of the school building administrator.
- All day trips must be within budgetary allotments for such purpose and be approved by the superintendent. Any trip, for which there is no budget allotment, must have advance approval of the School Committee.
- Each student who goes on a field trip must have written parental permission.
- Enough supervision must be provided so that discipline on the trip is effective.
- All trips must be well planned, properly timed, and related to regular learning activities.
- All Chaperones/other adults MUST be coried. Please list chaperones that are attending:

NICK Logan
Bryan Owen

Signature of Head of School: 
Signature of Central Administrator: _____

Date: _____
Date: _____

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: Nicholas Logan		PF Number: PF1641
School: LHS	Grade Level: 9	Subject: Special Education
Workshop Title: Wrestling New Englands		
Organization/Department Presenting Workshop: Athletics- Scott Oullette		
Cost: 0	Date(s) of Workshop: from: 3/6/2026 to: 3/8/2026	
Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here:		
<p>* Out of State</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p>		

Signature of Applicant: <i>Nicholas Logan</i>	Date: 3/6/2026
Signature of Approval by Principal: <i>Scott Oullette</i>	Date: 11/7/2025

****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	New England Wrestling Championship	yes	SO
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.

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

ALLOW 4 WEEKS FOR PROCESSING

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Bryan Owen		PF Number: PF1645
School: LHS	Grade Level: 9-12	Subject: Social Emotional
Workshop Title: NE wrestling		
Organization/Department Presenting Workshop: Wrestling		
Cost: 0	Date(s) of Workshop: from: 3/6/2026 to: 3/7/2026	
Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: Katie Cremin		
* Overnight ** Letter to the Superintendent of Out of State/Overnight attached **		

Signature of Applicant: <i>Bryan Owen</i>	Date: 3/6/2026
Signature of Approval by Principal: <i>Scott Ouellet</i>	Date: 11/7/2025

****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	New England Wrestling Championship	yes	yes
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.