

SC 09.14.23 4 B

**REQUEST FOR USE OF FACILITIES
SCHOOL COMMITTEE MEETING
09/14/23**

1. Requested by Julian Lawrence-Taylor from Synergy Basketball for use of the Bradford gym on 9/21, 9/28, 10/05, 10/12, 10/19, 11/2, 11/09 & 11/16 from 6:15pm-9pm.

**Rental Fees - \$50/Hour
Custodial Fees - \$30/Hour
Utilities Fee - \$20/Hour**

2. Requested by Julian Lawrence-Taylor from Synergy Basketball for use of the Whittier gym on 9/21, 9/28, 10/05, 10/12, 10/19, 10/26, 11/02, 11/09 & 11/16 from 6:15-9pm.

**Rental Fees - \$50/Hour
Custodial Fees - \$30/Hour
Utilities Fee - \$20/Hour**

3. Requested by Henry Davis from Haverhill High MCJROTC for use of the Hunking gym/cafeteria and 10 classrooms on 01/27/24 from 6am-4:30pm.

**Rental Fees - Request to Waive
Custodial Fees - \$30/Hour
Utilities Fee - Request to Waive
Security Fee - \$15/Hour**

4. Requested by Kim Ocasio from Ocasio's True Martial Arts Inc for use of the high school gym, back room and locker rooms on 10/14 from 1pm-4pm.

**Rental Fees - \$50/Hour
Custodian Fees - \$45/Hour
Utilities Fee - \$20/Hour
Security Fee - \$15/Hour**



Haverhill Public Schools
Use of Facilities Form

Bradford

Please Print

Name of Organization: Synergy Basketball	Name of Representative: Julian Lawrence-Taylor
Address: 378 South Main Street	Phone Number: 978-476-3770 Email: jt.synergybasketball@gmail.com
Date Requested September: 14, 21, 28th / October 5, 12, 19, 26 November 2nd, 9th, 16th	Arrival Time: 4:30pm Start Time of Event: 5:00pm End Time of Event: 9:00pm

Please check: () Profit Making Group (X) Non-Profit Group # _____

Please check off the location requested and attach list of equipment to be brought into the facility.						
Gym	# of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						
Expected Number of Participants: #			Type of Event: Basketball Clinic			

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee	\$ 50		\$	\$	
Security	\$		\$	\$	
Custodial	\$ 30		\$	\$	Custodial staff work 30 minutes before and after event.
Utilities	\$ 20		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	

Subtotal:	
Processing Fee:	\$10.00
Miscellaneous:	
Balance Due:	

Julian Lawrence-Taylor 8/29/23
Signature of Representative Date Requested

Principal to complete:

Authorization: Approved (X) Denied ()

Signature of Principal

Superintendent to complete:

Authorization: Approved () Denied ()

Signature of Superintendent

HPS FACILITIES	PHONE	FAX	WEB
4 Summer Street, Haverhill, MA	978-374-5725	978-374-2376	haverhill-ps.org



Haverhill Public Schools
Use of Facilities Form

Whittier

Please Print

Name of Organization: Synergy Basketball	Name of Representative: Julian Lawrence-Taylor
Address: 378 South Main Street	Phone Number: 978-476-3770 Email: jt.synergybasketball@gmail.com
Date Requested September: 14, 21, 28th/October 5, 12, 19, 26 November 2nd, 9th, 16th	Arrival Time: 6:15 pm Start Time of Event: 5:00pm End Time of Event: 9:00pm

Please check: () Profit Making Group (X) Non-Profit Group # _____

Please check off the location requested and attach list of equipment to be brought into the facility.						
Gym	# of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						
Expected Number of Participants: #				Type of Event: Basketball Clinic		

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee	\$ 50		\$	\$	
Security	\$		\$	\$	
Custodial	\$ 30		\$	\$	Custodial staff work 30 minutes before and after event.
Utilities	\$ 20		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	

Julian Lawrence-Taylor 8/29/23
Signature of Representative Date Requested

Subtotal:	
Processing Fee:	\$10.00
Miscellaneous:	
Balance Due:	

Principal to complete:

Authorization: Approved (X) Denied ()

Signature of Principal

Superintendent to complete:

Authorization: Approved () Denied ()

Signature of Superintendent

HPS FACILITIES	PHONE	FAX	WEB
4 Summer Street, Haverhill, MA	978-374-5725	978-374-2376	haverhill-ps.org



Haverhill Public Schools
Use of Facilities Form

Please Print

Name of Organization: Haverhill High MCJROTC	Name of Representative: Harry J Denis (Gunny)
Address: 137 Monument St Haverhill MA 01832	Phone Number: 316 558 0455 hdenis@haverhill-ps.org
Date Requested: 27 January 2024 8-28-23	Arrival Time: 0600 AM Start Time of Event: 0730 End Time of Event: 4:30 PM

Please check: () Profit Making Group ☒ Non-Profit Group # _____

Please check off the location requested and attach list of equipment to be brought into the facility.						
Gym	# of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>				
Expected Number of Participants: # 350			Type of Event: Drill Color Guard marching military style			

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee	\$		\$	\$	
Security	\$ <input checked="" type="checkbox"/> ADD		\$	\$	
Custodial	\$ <input checked="" type="checkbox"/> ADD		\$	\$	Custodial staff work 30 minutes before and after event.
Utilities	\$		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	

<u>Harry J Denis</u> Signature of Representative	<u>8-28-23</u> Date Requested
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Subtotal:	
Processing Fee:	\$10.00
Miscellaneous:	
Balance Due:	

Principal to complete:

Authorization: Approved ☒ Denied ()

Harry J Denis
Signature of Principal

Superintendent to complete:

Authorization: Approved () Denied ()

Signature of Superintendent

HPS FACILITIES	PHONE	FAX	WEB
4 Summer Street, Haverhill, MA	978-374-5725	978-374-2376	haverhill-ps.org



Charity Brigade
Tournament

Haverhill Public Schools
Use of Facilities Form

Please Print

Name of Organization: Ocasio's True Martial Arts Inc	Name of Representative: Kim Ocasio	Email: KOSix27@aol.com
Street Address, City, State, Zip Code: 76 Merrimack St Suite 14 HAV 01830	Phone number: 978-853-2784	
Date(s) Requested: Sat Oct 14, 2023	Arrival Time: 1:00pm	Start Time of Event: 1:30 End Time of Event: 4:00pm

Please check: ☒ Profit Making Group ☐ Non-Profit Group # _____

Please check off the location requested and attach list of equipment to be brought into the facility.

Gym	# of Classroom(s)	Cafeteria	Auditorium	Library	Fields	Computer Lab
X						
Expected Number of Participants: # 75			Type of Event: Tournament			

Item	Base Fee	Hours	Sub Total	Total	Additional information
Rental Fee	\$ 50		\$	\$	
Security	\$ 15		\$	\$	
Custodial	\$ 45		\$	\$	Custodial Staff work 30 minutes before and after event.
Utilities	\$ 20		\$	\$	
Lighting Panel	\$		\$	\$	
Cafeteria	\$		\$	\$	
	\$		\$	\$	

Kim Ocasio	8/31/2023
Signature of Representative	Date Requested

Subtotal:	
Processing Fee:	\$10.00
Miscellaneous:	.
Balance Due:	

Principal to complete:

Authorization: Approved (✓) Denied ()

Superintendent to complete:

Authorization: Approved () Denied ()

Signature of Principal

Signature of Superintendent

HPS FACILITIES

PHONE

FAX

WEB

4 Summer Street, Haverhill, MA

978-374-5725

978-374-2376

haverhill-ps.org

SC 09.14.23 4 C



Haverhill Public Schools

Professional Educational Conference/Workshop Form

Rev 09-20

Please complete this form and submit it to the Supervisor/Director and your Building Principal, along with your completed registration form and estimated travel documents. When you have received the required signatures, please forward to the Curriculum Office for review and the final approval. **Please note that the Curriculum Office must receive all forms a minimum of 14 days prior to the event.** In addition, any expenses exceeding \$250.00 must have the approval of the Haverhill School Committee. **Please allow up to 30 days for processing.**

Please Print:

Today's Date: <u>8-28-2023</u>	Grade: <u>N/A</u>
Staff Member Name: <u>Renee McGuirk</u>	School: <u>Title I and Community Outreach</u>
Program Date(s): <u>Nov 29 - Dec 1, 2023</u>	Title of Program: <u>CACE Leadership Conference 2023</u>
Organization Facilitating Training: <u>Council of Administrators of Compensatory Ed</u>	Program Location: <u>Chatham Bars Inn, Chatham, MA</u> Facility, City and State

How will your attendance at this workshop help to improve student achievement?

By attending sessions, workshops, & Collaborating w/ other districts I will ~~develop~~ develop more skills and resources to help operate the Title I program to provide high quality education in an equitable way for all HPS students. Through this

Describe how this activity will help you meet your professional development goals.

It will give me more resources, information, ideas, and connections

How will you share this information with your peers and supervisor/principal?

It will be reflected in everything I do.

high quality educational support, student achievement will continue to improve.

Please complete each line below: **MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO**

	Expense	Funding Source #	Account Description
Substitute Coverage	\$		
Registration Fee:	\$ 500.00	4233050.4.2357.6612.70.000.08.10	THI I
Travel:	\$ 157.50	"	"
Lodging:	\$ 350.00	"	"
Meals:	\$		
Other:	\$		
Total:	\$ 1,007.50	"	THI I

Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lodging, meals, other, and a proof of mileage must accompany the expense voucher.

I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge that I must submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.

Staff Member: Renee McGuirk Date: 8-28-2023

	Signature	Date	
Supervisor/Director	<u>William Connolly</u>	<u>8/28/23</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Declined
Principal			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Chief of Teaching, Learning & Leading			<input type="checkbox"/> Approved <input type="checkbox"/> Declined



Haverhill Public Schools

Professional Educational Conference/Workshop Form

Rev 09-20

Please complete this form and submit it to the Supervisor/Director and your Building Principal, along with your completed registration form and estimated travel documents. When you have received the required signatures, please forward to the Curriculum Office for review and the final approval. **Please note that the Curriculum Office must receive all forms a minimum of 14 days prior to the event.** In addition, any expenses exceeding \$250.00 must have the approval of the Haverhill School Committee. **Please allow up to 30 days for processing.**

Please Print:

Today's Date: <u>8/29/2023</u>	Grade: <u>District</u>
Staff Member Name: <u>Heidi Perez</u>	School: <u>District</u>
Program Date(s): <u>Nov 29 - Dec 1, 2023</u>	Title of Program: <u>CACE Leadership Conference 2023</u>
Organization Facilitating Training: <u>Council of Administrators of Compensatory Ed</u>	Program Location: <u>Chatham Bars Inn, Chatham, MA</u> Facility, City and State

How will your attendance at this workshop help to improve student achievement?

By providing better programming through grant funded programs

Describe how this activity will help you meet your professional development goals.

Writing, and administering title grants, are part of my role.

How will you share this information with your peers and supervisor/principal?

Through programs, PD, and leading the staff.

Please complete each line below: **MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO**

	Expense	Funding Source #	Account Description
Substitute Coverage	\$		
Registration Fee:	\$ 500.00	4233050.4.2357.6612.70.000.08.10	THK I
Travel:	\$ 157.50	"	"
Lodging:	\$ 350.00	"	"
Meals:	\$		
Other:	\$		
Total:	\$1,007.50	"	THK I

Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lodging, meals, other, and a proof of mileage must accompany the expense voucher.

I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge that I must submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.

Staff Member: Heidi Perez Date: 8/29/2023

	Signature	Date	
Supervisor/Director	<u>Norma Connolly</u>	<u>8/29/23</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Declined
Principal			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Chief of Teaching, Learning & Leading			<input type="checkbox"/> Approved <input type="checkbox"/> Declined



Haverhill Public Schools

Professional Educational Conference/Workshop Form

Rev 09-20

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Please Print:

Today's Date: <u>8-28-2023</u>	Grade: <u>K-12</u>
Staff Member Name: <u>Dianne Connolly</u>	School: <u>District</u>
Program Date(s): <u>Nov 29-Dec 1, 2023</u>	Title of Program: <u>CACE Leadership Conference 2023</u>
Organization Facilitating Training: <u>Council of Administrators of Compensatory Ed</u>	Program Location: <u>Chatham Bars Inn, Chatham, MA</u> Facility, City and State

How will your attendance at this workshop help to improve student achievement?

Workshops provide information on strategies for a high quality education for all students. Outcomes focused on equitable access to high quality programs, curriculum + instruction.

Describe how this activity will help you meet your professional development goals.

CACE provides high quality professional development, comprehensive resources + support to staff that work with the Title federal grants.

How will you share this information with your peers and supervisor/principal?

Information will be shared during Leadership meetings + during tri-annual Principal meetings. Title I

Please complete each line below: **MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO**

	Expense	Funding Source #	Account Description
Substitute Coverage	\$		
Registration Fee:	\$ 500.00	4233050.4.2357.6612.70.000.08.10	THK I
Travel:	\$ 157.50	"	"
Lodging:	\$ 350.00	"	"
Meals:	\$		
Other:	\$		
Total:	\$1,007.50	"	THK I

Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lodging, meals, other, and a proof of mileage must accompany the expense voucher.

I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge that I must submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.

Staff Member: Dianne Connolly Date: 8/28/2023

	Signature	Date	
Supervisor/Director			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Principal			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Chief of Teaching, Learning & Leading			<input type="checkbox"/> Approved <input type="checkbox"/> Declined



Haverhill Public Schools

Professional Educational Conference/Workshop Form

Rev 09-20

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Please Print:

Today's Date: <u>8/28/2023</u>	Grade: <u>K-12</u>
Staff Member Name: <u>Irene Collins</u>	School: <u>District</u>
Program Date(s): <u>Nov 29 - Dec 1, 2023</u>	Title of Program: <u>CACE Leadership Conference 2023</u>
Organization Facilitating Training: <u>Council of Administrators of Compensatory Ed</u>	Program Location: <u>Chatham Bars Inn, Chatham, MA</u> Facility, City and State

How will your attendance at this workshop help to improve student achievement?

The CACE conference focuses on a high quality education for all students, equitable access, supportive learning environments and supports Title I leaders to help them achieve those goals.

Describe how this activity will help you meet your professional development goals.

One of my professional goals is to gather the data and support the evaluation of Title I programs and the mission of CACE is to support and mentor school's Federal Education Program staff.

How will you share this information with your peers and supervisor/principal?

Information from this conference will help streamline End of the Year Reports that are written collaboratively by the Title I office and schools' leadership.

Please complete each line below: **MUST INCLUDE A FUNDING SOURCE BELOW OR WRITE ZERO**

	Expense	Funding Source #	Account Description
Substitute Coverage	\$		
Registration Fee:	\$ 500.00	4233050.4.2357.6612.70.000.08.10	THIEI
Travel:	\$ 157.50	"	
Lodging:	\$ 350.00	"	
Meals:	\$		
Other:	\$		
Total:	\$ 1,007.50	"	THIEI

Important Note: Payment will be made upon receipt of the expense voucher. Receipts for the registration fee, travel, lodging, meals, other, and a proof of mileage must accompany the expense voucher.

I hereby acknowledge that to the best of my knowledge, all of the information provided above is true. I also acknowledge that I must submit within five (5) days of the event a reasonably detailed written workshop report to the Curriculum Department.

Staff Member: [Signature] Date: 8/28/2023

	Signature	Date	
Supervisor/Director	<u>[Signature]</u>	<u>8/28/2023</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Principal			<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Chief of Teaching, Learning & Leading	<u>[Signature]</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Declined

Burnham School Elementary School
45 Fountain St, Haverhill, MA 01830

Get on I-495 S from MA-125 N/Main St

- 5 min (2.2 mi)
- ↑

1. Head southwest on Fountain St toward Main St

0.1 mi
- ↷

2. Turn right onto MA-125 N/Main St

1.5 mi
- ⬆

3. Use the right lane to take the I-495 S ramp to Lawrence

0.3 mi
- ↷

4. Keep left at the fork and merge onto I-495 S

0.2 mi

Continue on I-495 S. Take I-93 S, MA-3 S and US-6 E to MA-137 S in Harwich. Take exit 85 from US-6 E

- 1 hr 55 min (118 mi)
- ⬆

5. Merge onto I-495 S

11.8 mi
- ↷

6. Take exit 97A to merge onto I-93 S toward Boston

23.5 mi
- ↶

7. Keep left to stay on I-93 S

10.0 mi
- ↶

8. Use the left 2 lanes to take exit 7 for MA-3 S toward Cape Cod

0.4 mi
- ↶

9. Keep left to continue toward MA-3 S

0.3 mi
- ↑

10. Continue onto MA-3 S

26.8 mi
- ↑

11. Continue onto MA-3 S/US-44 E

0.9 mi
- ↑

12. Continue onto MA-3 S

14.7 mi
- ↑

13. Continue onto US-6 E (signs for 55/Sagamore)

29.7 mi
- ↷

14. Take exit 85 for MA-137 S toward Chatham

0.2 mi

Take Pleasant Bay Rd and MA-28 N to Shore Rd in Chatham

11 min (5.9 mi)

- ↩ 15. Turn left onto MA-137 S
358 ft
- ↩ 16. Turn left onto Pleasant Bay Rd
1.9 mi
- ↪ 17. Turn right onto MA-28 N/Orleans-Chatham Rd
Continue to follow MA-28 N
3.3 mi
- ↑ 18. Continue straight onto Shore Rd
Destination will be on the right
0.6 mi

Chatham Bars Inn

297 Shore Rd, Chatham, MA 02633

