Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR: SY 25-26** **PROGRAM NAME:** COSMETOLOGY

FACILITATOR: EMELY BAYRON **DATE OF COMPLETION:** OCTOBER 22, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON- TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
PROGRAM CHAIR KATE SHERRY	978-509-1777 11 MAGNOLIA LANE DERRY NH 03038 KSHERRY@MJJMENTERPRISES.COM SUPERCUTS MJJM ENTERPRISES SR. MANAGER 62 PETERS STREET ANDOVER, MA 01810				X					
PAMELA CLARK PARENT OF GRACIRAE ROGERS	13 EAST PROSPECT STREET METHUEN MA 01844 603-489-3049 PAMELARAE26@GMAIL.COM								X	
CHRISTOPHER KISHFY	978-618-7266 PO Box 1786 Salem NH 03079 Salon INVI Owner 28 Chestnut Street Andover, MA 01810 ck@saloninvi.com				X					
JESUS LAJARA	12 English Village Road Apt 301 R Manchester NH 03102 Jesusl96@ymail.com 413-273-4465 Rossi's Barbershop ID Commons Drive Unit 20 Londonderry, NH 03053		X		X					
ELVIRA MCCLOSKEY	36 Chelmsford Street Methuen, MA 01844 978-390-6896 edislag@ gmail.com AE Brows and Lashes Lounge 978-809-3275				X					

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ALANI MURPHY	508-982-4710 26 WESTCHESTER DRIVE LAWRENCE MA 01843 SALON FORZA STYLIST 26 ESSEX STREET ANDOVER, MA 01810 MS.ONFRAY@GMAIL.COM				X					X
ELIANA MURPHY	260638@STUDENT.GLTS.NET 26 WESTCHESTER DRIVE LAWRENCE MA 01843									X
BEATRIZ ONEILL	BMO1521@GMAIL.COM 978-609-7335 1 LOIS LANE SALEM NH 03079 MARISSA MICHAELS HAIR SALON OWNER/STYLIST 38 FLORENCE STREET ANDOVER, MA 01810				X					
PATRICIA ROE	2 CRANBERRY LANE PELHAM NH 03076 SHEARIMAG@AOL.COM 978-857-1471 SHEAR IMAGE OWNER			X	X					
GRACIRAE ROGERS	13 EAST PROSPECT STREET METHUEN MA 01844 261272@STUDENT.GLTS.NET									X
JOSHUA SAUREZ	978-828-7991 275 BROADWAY STREET METHUEN, MA 01844 JOSHUASUAREZ626@YAHOO.COM THE FIX BARBERSHOP OWNER/BARBER 741 MAIN STREET HAVERHILL MA 01830				X					
JENNIFER TRAVERSO	978-815-9554 26 ESSEX STREET ANDOVER, MA 01810 SALON FORZA OWNER 26 ESSEX STREET ANDOVER, MA 01810 SALONFORZA@GMAIL.COM				X					

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***TOM RAICHE**– SERVES ON GENERAL ADVISORY BOARD REPRESENTING ALL PROGRAMS	MERRIMACK VALLEY CLC OFFICE, 169 MERRIMACK STREET LOWELL, MA 01852 TOM RAICHE (AFLCIO COMMUNITY SERVICES LIAISON) AT 978-441-1939 OR TOM.RAICHE@GMAIL.COM.					X				

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Cosmetology
Programmatic Advisory Committee
Meeting – Sign In
Date: OCTOBER 22, 2025

Teachers:

Last Name	First Name	Signature	Email
Bayron	Emely		
Campbell	Meghan		
Pierre	Samuel		
Touvalaris	Kellie		
Potential New Members:			