

S-VECSD PUBLIC USE OF SCHOOL FACILITIES

1500.2E

REQUESTING ORGANIZATION: _____

TODAYS DATE: _____

Building Requested: Elementary Middle High Area/Portion Needed: _____

Dates Desired: _____ Time - From: _____ To: _____

Day(s) of Week: _____ Will food or drink be dispensed: _____

Specific purpose or use: _____

Expected attendance: _____ Is admission fee to be charged? _____

If yes, name of educational or charitable organization to be benefitted: _____

Name, address, contact info and signatures of at least **TWO** officers or persons in charge of function must be provided below. **Designate at least one of the two who will be present during the entire period of time.**

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Note: All persons, organizations, or other entities that request the use of district facilities must be in compliance with Title IX of the Education Amendments of 1972. **Each application must contain the following signed assurance:**

The _____ agrees to comply to the extent applicable with Title IX of the Education Amendments of 1972 and applicable requirements imposed, to the end that no person shall be excluded from participation in, denied the benefit of, or be otherwise subjected to discrimination under any activity conducted by the group/organization while using school facilities.

Date: _____ Signature: _____

*I have read and understand the visitor and safety procedures. Policy 1500-Public Use of School Facilities

Date: _____ Signature: _____

*******Return completed application to the appropriate building/facility administrator.*******

Upon tentative approval you must:

Provide the District Office with proof of liability insurance.

You may also be responsible for support staff expenses as a result of this facility use.

DO NOT ADVERTISE OR PLAN ON USING FACILITIES UNTIL THIS APPLICATION HAS BEEN APPROVED AND RETURNED TO YOU.

BUILDING/FACILITY ADMINISTRATOR

Approved: _____ RoomMate#: _____ Denied: _____ Reason: _____

Administrator Approval Date

Athletic Director Approval Date

DISTRICT OFFICE APPROVAL

Insurance Certificate Received: _____

Signature Date

White- District Office

Yellow- Building Administrator

Pink - Individual/Organization