



SCHOOL GROUPS & SCHOOL RELATED GROUPS

TODAY'S DATE: _____ DATE(S) OF ACTIVITY: _____

The Commons and the Library/Media Center will not be available after May 27, 2022 due to construction.

INSTRUCTIONS: FIRST CHECK WITH HIGH SCHOOL SECRETARY TO SEE IF REQUESTED SITE IS AVAILABLE.

To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field, your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area requested. Once approved by the principal, the request will be submitted to the Director of Operations, except in cases where overtime personnel are requested. Then the request is to be sent to the Superintendent first. If the Superintendent approves overtime, the request will be returned to the principal for completion of the request process.

GROUP WHO WILL BE USING THE FACILITY: _____

CONTACT PERSON FOR THE GROUP: _____ PHONE: _____

Email (if not a school email): _____

ACTIVITY: _____

LOCATION(S) OF THE ACTIVITY: ___Cafe ___ Old Gym ___Auxillary Gym ___ Lower Turf Field ___Upper Turf Field ___Other:_____ Kitchen-Requires a Food Service Staff Member be present, the requesting group is responsible for cost.

TIME OF THE ACTIVITY/EVENT: FROM _____ AM or ___PM TO _____ AM or ___PM

START TIME FOR SET UP: _____ END TIME FOR CLEAN UP: _____

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle requested entrances)

DOORS OPEN FROM _____ Elem Main Entry #2 ___ HS Entry #10 ___ Aux Gym Lobby #14 ___ Other, be specific _____

Heating/Cooling requested? yes___ no___

Custodial Service Requested? ___yes ___no If yes, please complete custodial section below.

NUMBER OF PERSONS REQUESTED _____ NUMBER OF HOURS SUGGESTED _____

WHAT WILL BE EXPECTED OF THE PERSON(S) ASSIGNED OVERTIME? (Be specific.)

OVERTIME: ___APPROVED ___NOT APPROVED

SUPERINTENDENT & DATE

SPECIAL INSTRUCTIONS FOR SETTING UP THE FACILITY ___yes ___no

(If yes, be specific, attach diagram if necessary.)

HIGH SCHOOL SECRETARY WILL INITIAL IF REQUESTED SPACE IS AVAILABLE.

Approved Not Approved PRINCIPAL DATE

Approved Not Approved DIRECTOR OF OPERATIONS (SUPERINTENDENT DESIGNEE) DATE

COMMENTS: THE CONTACT PERSON IDENTIFIED ABOVE IS INVITED TO MAKE COMMENTS CONCERNING THE CONDITION OF THE FACILITY UPON ARRIVAL, THE MANNER IN WHICH HE/SHE WAS TREATED BY THE STAFF WHILE USING THE FACILITY, AND TO MAKE ANY SUGGESTIONS TO IMPROVE OUR SERVICE TO THE GROUP USING THE FACILITY. IF COMMENTS ARE MADE, PLEASE RETURN THIS FORM TO THE PRINCIPAL IDENTIFIED AT THE TOP OF THE FORM. THANK YOU.

CONTACT PERSON WILL BE NOTIFIED BY EMAIL. Original-Director of Operations Office Copies will be emailed to: Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book, Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested.