

LUCAS LOCAL SCHOOLS FACILITY USE APPLICATION

NAME OF ORGANIZATION: _____ DATE OF APPLICATION: _____

DATE(S) APPLIED FOR: _____ TIMES: _____

DATE MASTER CALENDAR CHECKED: _____ EVENT TIME: _____

PURPOSE OF MEETING: _____

LOCATION DESIRE:

ELEMENTARY SCHOOL

MIDDLE SCHOOL

HIGH SCHOOL

- _____ Cafeteria
- _____ Classroom
- _____ Lounge
- _____ Other

- _____ Gymnasium
- _____ Classroom
- _____ Library
- _____ Other

- _____ Gymnasium
- _____ Classroom
- _____ Library
- _____ Other

RENTAL FEE CHARGES: Fees are established by the Lucas Board of Education. Charges are based upon established rates as approved in Board Policy KG-R, Use of School Facilities that will accompany an approved Facility Use Application.

Rental Rates: _____ Other: _____ TOTAL DUE: _____ TOTAL PAID: _____

Custodial (By request or policy only) Name: _____ Number Needed _____ Number of hours _____

Additional Equipment Needed: _____

Information concerning this application: _____

1. This permit is *not* transferable.
2. The applicant assumes complete responsibility for the rented school facilities. These facilities must be secured (doors and windows locked) and must be left in the condition in which they were found. The applicant agrees to pay for any damages to or cleaning of rented facilities in addition to the rental indicated.
3. Fees for the use of school facilities will be payable to **Lucas Local School District**.
4. No custodian will be available unless requested or unless the size of the group would require a custodian as stated in the building usage policy.
5. It should be noted that for a group to be considered **LOCAL** it must be located in the school district or have a membership composed of **NOT LESS THAN 80% LOCAL residents**. Any group not meeting this requirement will be charged the non-local group rate.
6. Any questions concerning the usage of a building or any special instructions should be directed to the building principal.
7. **PLEASE NOTE:** The school fire alarm system does not activate the Fire Department.
In case of fire: ***pull alarm and call 911.***

NAME OF PERSON MAKING APPLICATION: _____

ADDRESS OF APPLICANT: _____ PHONE: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF BUILDING PRINCIPAL: _____

**CUSTODIAN - Inspect Locker Rooms, Gym, Storage, Stage, Rest Rooms, and Cafeteria
BEFORE _____
AFTER _____ Secure All Doors.**

COPIES TO:

- HS-Principal, Secretary,-Teacher-Custodian
- MS-Principal, Office Aide,-Teacher-Custodian
- ES-Principal, Secretary,-Teacher-Custodian
- MAINTENANCE-Supervisor
- MS LIBRARY-/HS LIBRARY
- FOOD SERVICE-Supervisor
- Superintendent
- Technology Coordinator

A SPECIAL SET-UP IS REQUIRED, PLEASE PUT A DIAGRAM ON THE BACK OF THIS FORM