

APPLICATION FOR PERMIT TO USE SCHOOL BUILDING
BOARD OF EDUCATION, OREGON SCHOOL DISTRICT
5721 Seaman Road
Oregon, OH 43616
(419) 693-0661

Requestor is to fill out one copy and return to that school.
School Facility to be used (please circle):

Clay High School	Coy Elementary School
Eisenhower Middle School	Jerusalem Elementary School
Fassett Middle School	Starr Elementary School
Wynn Elementary School	

Space requested (be specific): _____

Purpose: _____

Admission Charge: Yes _____ No _____ Amount _____

Date requested: _____ (day of week – please circle) M T W Th F Sat Sun

Time space is needed for set up: none Time of event: _____
 1 hour before & after
 other _____

Requested: Heat _____ A/C _____ Ventilation _____

Other Equipment Needed: _____

Person in Charge (please print) _____

Address _____

City, State, Zip _____

Phone Number _____

Hold Harmless Clause: _____ agrees to indemnify and hold harmless the Oregon Board of Education and their agents and employees from all liability, claims, demands, damages, or costs for or arising out of _____ Whether it be caused by the negligence of indemnitor or Oregon Board of Education or either party's agents or employees, or otherwise.

I have been given a copy of the Oregon City School's guidelines for use of school facilities and equipment and hereby agree to all terms and conditions as stated in Board Policy KG and KG-R.

Print Name

Signature
Oregon City School District, Oregon, Ohio

Date

Athletic Director:

Date requested and use (please circle)

Approved

Denied

If denied, please indicate reason _____

Athletic Director Signature

Date

Principal:

Date requested and use (please circle)

Approved

Denied

If denied, please indicate reason _____

Principal Signature

Date

Administrative Assistant for Business Affairs:

Date requested and use (please circle)

Approved

Denied

If denied, please indicate reason _____

Fees and Charges _____

Signature

Date

Custodian: (please print name) _____

Building open time _____

Building close time _____

Problems associated with the usage: _____

Total custodial time for usage _____

Signature of custodian

- Original: Permit Holder
- Copies to: School Office File
- Business Office
- Custodians
- Lead Custodian
- Payroll Office (if fees and/or charges)