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
- Eisenhower Middle School
- Fassett Middle School
- Wynn Elementary School
- Coy Elementary School
- Jerusalem Elementary School
- Starr 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 1 hour before & after other ________________

Time of event: ____________________

Requested: Heat ____________ A/C ________________ Ventilation ________________

Other Equipment Needed: _______________________________________________________

Person in Charge (please print) _________________________________________________

Address ______________________________________________________________________

City, State, Zip ___________________________________________________________________

Phone Number _________________________________________________________________

Hold Harmless Clause: __________________________________________________________________

I have been given a copy of the Oregon City School’s guidelines for use of school facilities and

I agree to all terms and conditions as stated in Board Policy KG and KG-R.

______________________________________________________________________________

Print Name

______________________________________________________________________________

Signature ____________________________ Date ____________

Oregon City School District, Oregon, Ohio
**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)