

**Miller Place Union Free School District**

Miller Place, New York 11764

**7000-E.2**

**Board of Education Policy**

**APPLICATION FOR PUBLIC USE OF SCHOOL FACILITIES**

Submit to: Giovanna Warsaw, Facilities Use

7 Memorial Drive, Miller Place, NY 11764

(631) 474-2700 ext. 727

[gwarsaw@millerplace.k12.ny.us](mailto:gwarsaw@millerplace.k12.ny.us)

fax (631) 331-8832

**Organization Name:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Facility Requested	# Of Attendees	Date(s)	Time
Special Requests:			

Admission Charge / Participation Fee \$ \_\_\_\_\_ Proceeds used for: \_\_\_\_\_

My signature below certifies that I have received, read, and understand copies of Board policies 1530 and 7000, as well as section XIV of policy 5310.04.

A current, accurate, complete roster of active members in good standing in our organization is attached and evidences our status as a:

Community Group  Non-Community Group

If this application is granted and a permit issued, we agree to comply with all the rules and regulations of the Board of Education governing the use of school Facilities; not to deny to any person participation in the use of school facilities on the grounds of race, color, creed, religion, national origin, gender, age, marital status, or disability; to take the utmost care in the use of school property; to provide adequate adult supervision at all times; and to make good any and all claims, damages, or causes of action for damages arising from our use of school facilities and will indemnify the school district facilities. Non-compliance of said policies, rules and regulations will result in immediate revocation of this permit and immediate dismissal from school district premises.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Insurance Certificate Received ( ) Yes ( ) No ( ) Not Applicable

**PERMIT FOR PUBLIC USE OF SCHOOL FACILITIES**

**\* This section to be completed by Miller Place School District Designee**

<b>Organization</b>			
<b>Permit Holder</b>		<b>Telephone</b>	
<b>Facility</b>			
<b>Date(s)</b>		<b>Time</b>	

**ACCEPTED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

This permit is valid only when signed by the Superintendent of Schools or Designee and then only as specified above. The permit holder must carry this permit and a photo I.D. on his/her person at all times while on school district property and must show this permit and photo I.D. to any and every school district employee upon request.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_, Designee

**Adopted:**

**Reviewed:** \_\_\_\_\_ 01/27/2010 11/18/2015 04/17/2019

**Revised:** 08/12/2002 11/14/2003 12/14/2005 02/24/2010 12/09/2015 05/29/2019