



OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT

Buildings and Grounds Department

Use of Facilities Application

The use of all District/BOCES facilities shall be subject to the approval and rules of the Board of Education administered by the Building Principal or other Board designee.

1. Organizations wishing to use Oyster Bay – East Norwich CSD facilities shall apply to the Buildings & Grounds Office on the prescribed form (FacilityUse@obenschools.org). The Superintendent of Schools or his/her designee has final authority on approval.
2. In the event of inclement weather, the Superintendent (or designee) has the final authority on whether facilities are usable.
3. Intoxicants shall not be brought onto school district facilities at any time.
4. All posted rules must be adhered to, including by not limited to Board of Education Policies (<https://www.obenschools.org/board/home>) and the Use of Facilities Guidelines.
5. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
6. Any damage to district facilities shall be promptly repaired at the user's expense. No Exceptions. If maintenance personnel are not available, ensure all doors are locked and lights are turned out when leaving.
7. Organizations using the facilities must clean up afterwards.
8. Permits may be revoked at any time.
9. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
10. Smoking, use of tobacco products or E-cigarettes is not allowed on school district property.
11. Facilities are not available if in conflict with school use.
12. No unauthorized vehicles are allowed on school property.
13. No field or building alterations (lining of fields or gymnasiums, erecting permanent goal posts or structures, etc.) are allowed without written prior approval.
14. The District/BOCES does not discriminate on the basis of race, color, national origin, physical impairment, gender, gender identity, or sexual orientation in its educational programs or employment services.
15. All users must provide the following insurance prior to using facilities, as outlines in the Insurance Requirements – Use of Facilities Guide.

All requests for the use of school district facilities must be made on this application form by a resident or employee of the district. **THIS APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE DATE REQUESTED FOR THE USE OF THE FACILITIES.** Applications will be processed in accordance with the approved policies of the Board of Education. Any application that requires a decision beyond the scope of the policies will be presented to the Board of Education at a regular meeting. All requests are based upon approval of the school budget for each fiscal year.

Today's Date: _____

Date(s) Requested: _____

INFORMATION ABOUT INTENDED USE OF SCHOOL DISTRICT FACILITIES

Oyster Bay High School

Vernon School

Roosevelt Elementary School

I. FACILITY REQUESTED: _____ ALTERNATE FACILITY: _____

Day(s) Requested: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

List all Calendar Dates: _____

Hours of Event: _____ (include preparation for operating and closing of event)

Purpose of use: _____

Is an admission fee charged? Yes _____ No _____

If "Yes", for What Purpose will funds be Used? _____

Is equipment required? Yes _____ No _____

If needed, state what type and for what purpose: _____

Will Any Special Services be Needed?

Custodial _____

Cafeteria _____

If refreshments are served, give details: _____

Additional Information: _____

Total Participants expected: Adults _____ Children: _____ Total: _____

INFORMATION ABOUT GROUP

II. NAME OF ORGANIZATION OR INDIVIDUAL: _____

E-mail address: _____ Presiding Officer: _____

Phone # (Day): _____ (Evening): _____ # of Adults Supervising: _____

Supervisor in Charge of Event: _____ Phone #: _____

Assistant to Supervisor: _____ Phone #: _____

III. APPLICANT NAME: _____ Title in Organization: _____

Phone #: _____ Date: _____

(For office use only)

Recommendation of Director of Health, Physical Education and Athletics *(if applicable)*: Yes _____ No _____

Recommendation of Head Custodian *(if applicable)*: Yes _____ No _____

Recommendation of Building Principal *(if applicable)*: Yes _____ No _____

* Estimated Charge: \$ _____ A final bill will be sent to you following the completion of your activity.

Supervisor in charge of activity must meet with Building Principal and/or Head Custodian regarding individual building and field rules and regulations and possible schedule conflicts for facility use prior to any approval.

Superintendent of Schools or Designee: Approved _____ Denied _____ Date _____