

JACKSON PUBLIC SCHOOL DISTRICT
Jackson, Mississippi

School Year _____ - _____

APPLICATION FOR USE OF SCHOOL FACILITY

Date of Application: _____

Date Requested _____

Facility Requested _____

Description of Activity (Give a brief description of the activity and its purpose):

Check facility desired and fill in dates, opening hour and closing hour. The rate is established on the basis of a minimum two-hour session and **does not** include **custodial** and **supervisory** services deemed necessary by the Executive Director of Facilities. Such rates **does not** include **security guards** or other services, which may be deemed necessary by and are the responsibility of the applicant.

Total cost will be calculated in the last column by the Executive Director of Facilities when application is received. The rate for each additional hour or major fraction thereof shall be 50 percent of the two-hour rate. Opening and closing hours should include time needed for all decorating, arranging, and other pre- and post- function work.

FACILITY/SECONDARY SCHOOLS	DATE(S)	OPEN	CLOSE	RATE	COST
Auditorium				\$150.00	
Lunchroom (not kitchen)				\$100.00	
Library				\$50.00	
Visual Education Room				\$50.00	
Band Room				\$50.00	
Classroom				\$50.00	
Gymnasium				\$150.00	
OTHER					
Playground				\$100.00	
Custodial Services				\$20.00	
Supervisory and Guard Services (when required)				\$20.00	
TOTAL					

FACILITY/ELEMENTARY SCHOOLS	DATE(S)	OPEN	CLOSE	RATE	COST
Auditorium				\$125.00	
Lunchroom (not kitchen)				\$100.00	
Classroom				\$50.00	
Playground				\$100.00	
Custodial Services				\$20.00	
Supervisory and Guard Services (when required)				\$20.00	
TOTAL					

The applicant understands that upon failure to comply with the Jackson Public School Policy KG/DEGA and any or all of the conditions stated therein, the Board of Trustees of the Jackson Public School District or its designee may terminate and cancel all privileges of the undersigned representative or group to use said facilities and/or equipment provided therein, but any failure to terminate such privileges for the breach of said conditions within any particular time period shall not constitute a waiver of the right to do so for any specific breach or as to any other violation of said requirements.

Furthermore, as authorized by board policy, the undersigned applicant understands that he shall be responsible for the costs of any repairs and/or replacements necessary due to any damages or destruction resulting from use of said building or equipment. The applicant agrees to hold harmless and indemnify the Jackson Public School District for any negligent or intentional acts.

Policy KG/DEGA is hereto and incorporated herein as part of this application.

NOTE: All applicable fees and insurance requirement shall be presented and paid to JPSD at least 72 hours prior to the event. No final arrangements will be made until all necessary payments and insurance has been submitted.

Group/Organization

Address (including zip code)

Representative Printed Name

Representative Signature

Title of Representative

Office/Contact Number

RETURN APPLICATION TO:

Executive Director for Facilities and Operations
Jackson Public Schools Administrative Office
101 Near Street
P. O. Box 2338
Jackson, MS 39225-2338
(601) 960-5412 – FAX
(601) 960-8784 – OFFICE