**SHAKER HEIGHTS CITY SCHOOL DISTRICT**

**15600 Parkland Drive**

**Shaker Heights, Ohio 44120**

**216-295-1400**

RULES AND PROCEDURES

**FOR USE OF SCHOOL DISTRICT FACILITIES BY COMMUNITY GROUPS**

**The Shaker Heights City Schools Business Department is responsible for processing requests and issuing permits for use of the Shaker Heights City School District facilities.**

1. Requests for use of School District facilities are to be made on the appropriate application form in complete detail including signature. The form is submitted to the Shaker Heights Board of Education, attn: Permit Coordinator, at 15600 Parkland Drive, Shaker Heights, Ohio 44120. All arrangements for use of District facilities by community groups are at the sole discretion of the District Business Administrator.
2. This application must be presented a minimum of 14 days in advance of requested use date. Auditorium and Cafeteria use must be made a minimum of 30 days in advance of requested use date.
3. All requests are considered on a first-come, first-serve basis. Priority use is given to school, PTO, and City Recreation Department sponsored activities.
4. Groups requesting use of school facilities must be willing to present evidence that at least a majority of their membership, as well as the majority of the participants in the activity, are Shaker Heights School District residents. The sponsoring and signing person or party on the application form must be a School District resident.
5. All permits are issued with an opening and closing time and the facility users are required to abide by the listed times.
6. District facilities shall not be used for profit-making purposes.
7. Smoking is not allowed in or within close proximity to District buildings.
8. Food and beverages are not permitted in District buildings unless arrangements have been approved in advance by the Business Department. No alcoholic beverages are permitted at any time.
9. All rental charges are to be paid in advance.
10. All groups and individuals are responsible for the equipment and facility they use. A security deposit may be required. Damages to school property will be charged to the user.
11. There will be a four-hour minimum required to rent auditoriums, gyms, cafeterias, kitchens and pools.
12. Facility users requesting lighting, projection equipment, or use of a cafeteria, stage or pool may be required to pay for school personnel (minimum of 4 hours) to operate such equipment or facilities to ensure safety of person and equipment.
13. Any group or individual using school facilities may be required to give proof of public liability or property damage insurance coverage in the amount of $1 million ($1,000,000) naming the Shaker Heights Board of Education, 15600 Parkland Dr., Shaker Heights, OH 44120 as an added insured.
14. The Building Department may require facility users to pay for additional custodial, supervisory or police service, particularly for large functions.
15. Facility users are required to leave areas which they use in a clean and orderly manner.
16. School facilities will not be made available for private functions.
17. Applications that are not submitted in a timely fashion may not be approved.

**SHAKER HEIGHTS CITY SCHOOL DISTRICT**

**OFFICE USE ONLY**

Date Rec’d

Principal approval/denial

**PERMIT ISSUED**

Permit # \_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_

**15600 Parkland Drive**

**Shaker Heights, Ohio 44120**

**295-4387**

**295-4344 fax**

# APPLICATION FOR COMMUNITY USE OF DISTRICT FACILITIES

Note: This is a facility use agreement between the User(s) and the Shaker Heights City School District. The User(s) are subject to the following terms and conditions which are agreed to by the respective parties. The party signing this application must be a Shaker Heights School District resident.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Permission is hereby requested by | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | for the use of | | | | | |
|  | | | | | | | | | | | | name of organization thereinafter referred to as the User(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | School on: (1st choice) | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | beginning date/ending date | | | | | | | | | | | | | | | | |
| (2nd choice) | |  | | | | | | | | | | | | | | | | | | |  | | | (3rd choice) | | | | |  | | | | | | | | | | | | | | | | | |
|  | | beginning date/ending date | | | | | | | | | | | | | | | |  | | | | | | | | | | | | beginning date/ending date | | | | | | | | | | | | | | | | |
| Indicate precise time of building entry and departure on requested day: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | Monday | | |  | | | | | | | | | to |  | | | | | |  | | | | | | Thursday | | | | |  | | | | | | to | | | | |  | | | | |
|  |  | | |  | | | | | | | | |  |  | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |
|  | Tuesday | | |  | | | | | | | | | to |  | | | | | |  | | | | | | Friday | | | | |  | | | | | | to | | | | |  | | | | |
|  |  | | |  | | | | | | | | |  |  | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |
|  | Wednesday | | |  | | | | | | | | | to |  | | | | | |  | | | | | | Saturday | | | | |  | | | | | | to | | | | |  | | | | |
|  |  | | |  | | |  | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |
|  |  | | |  | | |  | | | | | | |  | | | | | | | | | | | | Sunday | | | | |  | | | | | | to | | | | |  | | | | |
|  | | |  | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | |
| Facilities requested | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Nature of activity | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anticipated attendance | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Will there be an admission fee? | | | | | | | | | |  | | | | | | | | | | | | | | | | | State amount | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| For what purpose is fee or collection to be used? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Will your organization require special equipment/arrangements/services? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If so, please list here or on an attached sheet | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person in authority | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address of person in authority | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Zip | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Work phone number | | | | |  | | | | | | | | | | | | | | | | | | Home phone number | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| I agree that the User(s) undertakes and agrees to indemnify and hold harmless the School, the Shaker Heights Board of Education, School Board, elected and appointed officials, administrators, principals, teachers and all other school employees, volunteers or representatives, and all persons and bodies corporate acting for or on behalf of them, against all liability, claims, demands, actions, suits, damages, proceedings, costs and expenses (including reasonable attorney fees) whatsoever (including injury to persons and damage to property) for which they may be or become liable directly or indirectly arising out of the use of School premises by the User(s) (or the servants, agents, or invitees of the User(s)) and for such further sums in excess of those contained in any insurance policy procured by User(s) relating to the use of the School premises or for such amounts as may not be payable under any such insurance policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
| signature of applicant | | | | | | | | | | | | | | |  | address (if different from above) | | | | | | | | | | | | | | | | | | | | | | | |  | | | zip | | | |
|  | | | | | |  | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| work phone number | | | | | |  | | | | | home phone number | | | | | | | | | | |  | | | please provide email address for confirmation of approval | | | | | | | | | | | | | | | | | | | | | |