

Lincoln Public Schools
1624 Lonsdale Avenue
Lincoln, RI 02865

401-721-3300

www.lincolnps.org

For Office Use Only	
FEE: _____	Account is current <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval _____	Date Approved: _____

APPLICATION FOR USE OF SCHOOL BUILDINGS

Contact Information (Please Print)

Group/Individual Requesting Use: _____ Contact Person: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-mail: _____

Activity/Event Description

Purpose of Event: _____

Is this event sponsored by Lincoln Public Schools? Yes No Expected Attendance: _____

Has this activity previously been held at a Lincoln Public Schools facility? Yes No

If yes, give approximate date and location of previous event: _____

Will the public be admitted? Yes No

Will a fee be charged for admission? Yes No If yes, admission charge: \$ _____

Is this event a fundraising activity? Yes No

If yes, explain: _____

Is this a commercial (for-profit) event? Yes No

If yes, explain: _____

Select Facility, Area & Equipment, Obtain Signatures

Date(s) Requested: _____ Times: from _____ a.m./p.m. to _____ a.m./p.m.

Day(s) (Please Circle): **Sunday** **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Facility Requested:	Area Requested:	Equipment needed:
<input type="checkbox"/> Central Elementary	<input type="checkbox"/> Auditorium (LHS & LMS ONLY)	<input type="checkbox"/> Lighting
<input type="checkbox"/> Lonsdale Elementary	<input type="checkbox"/> Cafeteria (LHS & LMS ONLY)	<input type="checkbox"/> Microphone
<input type="checkbox"/> Northern Elementary	<input type="checkbox"/> Multi-purpose room	<input type="checkbox"/> Podium
<input type="checkbox"/> Saylesville Elementary	(Elementary ONLY)	<input type="checkbox"/> P.A. System
<input type="checkbox"/> Lincoln Middle School	<input type="checkbox"/> Classroom	<input type="checkbox"/> Sound
<input type="checkbox"/> Lincoln High School	<input type="checkbox"/> Classroom (air-conditioned)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Gym (LHS & LMS ONLY)	
	<input type="checkbox"/> Kitchen	

For Office Use Only: Custodial Hours: From: _____ a.m./p.m. To: _____ a.m./p.m.

Building Principal Signature to Acknowledge Availability _____

Date _____



**Lincoln Public Schools
1624 Lonsdale Avenue
Lincoln, RI 02865**

Obtain Fire/Police Protection

Your organization must contact your local fire district/police station directly to determine if coverage is necessary, and to schedule that coverage as required. Payment for these services is the responsibility of the individual/group requesting use of the building.

Obtain signatures from these authorities to confirm you have completed this step in the process.

- | | |
|--|--|
| <input type="checkbox"/> Police coverage required & obtained | <input type="checkbox"/> Fire coverage required & obtained |
| <input type="checkbox"/> Police coverage not required | <input type="checkbox"/> Fire coverage not required |

Signature of Police Department Date

Signature of Fire Department Date

Additional Documentation

If this activity is a fundraiser and/or requires a flyer to be distributed, these permissions must be obtained from the Superintendent prior to submitting this application. Copy of approval(s) must be included in this packet.

Submit Complete Application Packet

Must be submitted at least 20 days prior to activity or event. A complete packet includes:

- Signed Applications
- Payment (if applicable) by check made payable to Lincoln School Department
- Certificate of Insurance naming Lincoln Public Schools as an additional insured with a minimum of \$200,000 coverage for property damage, \$1,000,000 per occurrence with a \$3,000,000 annual aggregate for liability and \$10,000 for medical payments liability.
- Additional documentation as necessary. All additional documentation associated with this event (flyer distribution approval, fundraising permission, etc.) must be pre-approved by the Office of the Superintendent.

Requestor Signature

This permit is requested under the policies of the Lincoln School Committee and I agree to become responsible for any damage to buildings, grounds and/or equipment.

Signature: _____ Date of Application: _____

Please note: The requestor will receive a copy of this application after it is fully approved by the Office of the Superintendent. Any changes must be submitted in writing and will affect processing time.

Mail Complete Packet to:

**Lincoln Public Schools
Operations Department
1624 Lonsdale Avenue
Lincoln, RI 02865**

Date Stamp Received by Superintendent's Office