



LEMON GROVE SCHOOL DISTRICT
 8025 Lincoln Street · Lemon Grove, CA · 91945 · 619-825-5600 · www.lgsd.k12.ca.us
USE OF SCHOOL FACILITIES REQUEST FORM

- Permit applications are both obtained and submitted to the Facilities, Maintenance, Operations, Transportation (FMOT) Department at 8025 Lincoln Street, Lemon Grove, CA 91945-2515, 619-825-5625. The District Deputy Superintendent, on behalf of the Governing Board, shall grant permits for the use of school property. Custodians have been instructed to admit no group to use of a property unless an approved permit has been obtained.
- The undersigned hereby requests permission of the Lemon Grove School District Governing Board to use school property as set forth below. If this permit is granted, the organization named herein, together with the person making application, hereby agrees to observe and obey all the applicable laws of the state and the rules and regulations for use of school premises set forth by the Lemon Grove School District Governing Board. It is further agreed that the applicant group or organization will provide the necessary supervision to ensure the care and protection of school property granted by this permit and will comply with state storm water regulations required by State Water Board. **No smoking or use of alcohol is allowed on grounds or in buildings.**
- The applicant hereby agrees to hold the Lemon Grove School District, its Governing Board, the individual members thereof, and all district officers, agents, and other employees free and harmless from any loss, damage, liability, or cost of expense that may arise during or be caused in any way by such use or occupancy of school property. Upon permit application, the applicant group will provide a certificate of insurance for one million dollars in liability coverage, which names the Lemon Grove School District as the certificate holder.

Name/Title of Applicant _____ Application Date _____
 Name of Organization _____ Phone Number _____
 Address _____ City _____ Zip _____ Applicant Cell Phone _____
 Requested Facility (Site/Room) _____ Applicant E-mail _____
 Date/s of Use _____ Hours Needed _____ to _____
 Nature of Event _____ Expected Attendance _____

Is this event open to the public? YES or NO ▪ Is there an admittance charge? YES or NO ▪ A Certificate of Insurance is: on file , or attached .

SITE APPROVAL: This form will not be accepted or processed without signature approval from Site Principal/Administrator Designee.

Principal/Administrator Designee Signature _____ Date _____

MAINTENANCE SERVICES:

Chairs _____
 Tables _____
 Sound Equipment _____
 Piano _____ Flags _____

TECHNOLOGY SERVICES:

Electronic Equipment: TV/VCR/ Projector/Screen

 Other/Special Instructions:

***NUTRITION SERVICES:**

Coffee Urns _____
 Coffee Cups _____
 Cream/Sugar _____
 Silverware _____
 Dessert _____
 Dinner/Potluck _____
 Contact for Refreshments: _____
 Phone Number: _____
 Other/Special Instructions:

(For a special set-up, please attach drawing.)

\$ CHARGES \$: Refer to Facility Use Fee Schedule

***If you are requesting nutrition services, please also fax form to Holly Bauer at 619-825-5716 or email pdf copy to hbauer@lgsd.k12.ca.us**

I hereby certify that I am authorized by the applicant group or organization to file this application and that I, together with the officers of the applicant group or organization, will assume responsibility for the care and protection of school property, for the payment of any fees charged and for any conditions set forth in the Permit for Use of School Property. If a facility is used for a longer period of time than originally approved, additional charges will be imposed. If regularly scheduled meetings are canceled, please notify FMOT personnel at least 24 hours prior to the event, during business hours at 619-825-5625. Failure to do so will result in charges, including but not limited to, processing/cancellation fee.

 Applicant Signature Date FMOT Approval Signature Date Deputy Superintendent's: Approval Denial · Date

**Please fax completed form to FMOT at 619-589-5701 OR email pdf copy to:
bfelix@lgsd.k12.ca.us AND dmoses@lgsd.k12.ca.us**

For FMOT Office Use Only	
<input type="checkbox"/> Approved	Special Notes
<input type="checkbox"/> Denied	Reason for Denial
Notified Applicant	Via _____ Date _____ Initial _____