USE OF SCHOOL FACILITIES

The Board believes that the school facilities should be available to the community for educational, recreational and/or entertainment purposes. In allowing the use, however, the Board will comply with all restrictions outlined in Education Law. All requests for use of school facilities will require the completion of the School Facilities Use Request form. The Board of Education has absolute discretion in refusing a use request and in prescribing the terms, if the use is allowed. This policy will be reviewed annually at the re-organizational meeting.

Use of the building by not for profit community groups, continuing educational groups, and Sharon Springs Central School Groups, during hours when custodians are on duty, may be approved by the Superintendent, the Business Manager, or Principal at no charge.

Individuals or groups not covered above, wishing to utilize the school, must apply for, and receive, prior approval from the Superintendent, Business Manager, or Principal.

Room charges are as follows:

- Classroom $20.00
- Gymnasium(old) $30.00
- Gymnasium(new) $50.00
- Auditorium $100.00
- Cafeteria $30.00
- Kitchen $50.00
- Library $30.00

Any groups or individuals wishing to utilize the building during hours when custodians are not on duty (for example from Friday 12:00 midnight through Monday, 5:00 a.m.) or on holidays and some vacations, will be required to pay actual cost to the district including fringe benefits for custodial services. That fee will vary depending on the rate the custodian earns while on duty. Assignment of custodial services will be at the discretion of the administration.

All groups and individuals must understand that school sponsored activities will have first priority. All groups shall submit a “School Facilities Use Request” form in advance to the administration for consideration and approval.

Section 414 (1) NYS Ed. Law
Federal Equal Access Act (20USC section 4071)
SHARON SPRINGS CENTRAL SCHOOL           CUSTODIAN _______
SCHOOL FACILITIES USE REQUEST FORM          CALENDAR _______
(Requests should be processed at least two weeks prior to the date of use).

<table>
<thead>
<tr>
<th>Person Making Request</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) of Use</th>
<th>Start Set Up _________</th>
<th>End Clean Up_________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Event Begins at ________</td>
<td>and ends at _________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose/Type of Activity</th>
<th>Admission Charge?</th>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any profit making activities Y/N Describe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK AREA(S) NEEDED:</th>
<th>Place on District Calendar</th>
<th>Hallway/Atrium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditorium</td>
<td>Boys’ Locker Room</td>
<td>Library</td>
</tr>
<tr>
<td>Gymnasium(New)</td>
<td>Girls’ Locker Room</td>
<td>Parking Lot</td>
</tr>
<tr>
<td>Gymnasium (Old)</td>
<td>Cafeteria</td>
<td>Music Room</td>
</tr>
<tr>
<td>Soccer Field</td>
<td>Classroom (indicate if specific room)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of School Staff member who will be present during the entire use of the building: ________________________________

If a school function, list chaperones by name:

The requesting organization and its agent and/or the person signing this form agrees to be responsible for the condition and cleanliness of the premises upon departure. The requesting organization further agrees to notify the Main Office immediately should any damages to the building or other property be sustained during the event.

By: ___________________________ Address: ________________________________
    Signature ___________________________ Today’s Date: ______________________
    Telephone ___________________________

ADMINISTRATIVE REVIEW: ______School Group ______Non-School Group
                        ______None ______Custodial
                        ______Cafeteria ______Administrative

Evidence of Insurance? ______Yes ____ No ______Not Applicable
If yes, attach supporting document. If no, has B.O.E. waived the requirement of insurance?
(____Yes _____No) – B.O.E. Meeting Approval Date: ____________________

CHARGES: Check here if all charges have been waived: _______ If not:

- Custodial Help: # of personnel:______ Total Hours:______ Total Salary: _______
- Cafeteria Help: # of personnel:______ Total Hours:______ Total Salary: _______
- Room Charges:
  - Classroom ($20) ______
  - Old Gymnasium ($30) ______
  - New Gymnasium ($50) ______
  - Cafeteria ($30) ______
  - Kitchen ($50) ______
  - Other (Describe) ______
  - Library ($30) ______
  - Auditorium ($100) ______
- Total Room Charges:$_________
- Total Charges:$_________

Approved & Scheduled: ___________________________ Date __________________

Business Manager ___________________________ Date ____________

Superintendent of Schools ___________________________ Date ____________