

VIRGINIA BEACH CITY PUBLIC SCHOOLS
APPLICATION FOR USE OF SCHOOL FACILITY

1. TO BE COMPLETED BY APPLICANTS

- a. Requesting organization _____
- b. Type of activity/program _____
- c. Name of School requested _____
- d. Rooms or spaces requested _____
- e. Equipment/assistance requested _____
- f. Date(s) _____ Hr. to be Opened: _____ Hr. to be Closed: _____
 Date(s) _____ Hr. to be Opened: _____ Hr. to be Closed: _____
- g. Number of people expected _____ admission, participate, donation _____
 Costs Charged - _____

This is to certify that I have read the School Facility Use Procedures and must be in compliance with the Virginia Human Rights Act Code of Virginia 2.2-3900, as amended, as well as all applicable School Board policies, regulations and protocols when using School Division facilities. It is recommended that each event have (1) portable toilet for every 150 people anticipated to attend your event during peak time. Ten percent 10% of the portable toilets must be ADA accessible. If required your organization will be required to have liability coverage the time duration of usage. On signing this application, the requesting organization agrees to indemnify and hold harmless, the School Board and officials, its agents, employees, and volunteers from any and all claims arising out of the use of the school facilities, including all costs, losses, and expenses, which shall include litigation expenses and reasonable attorney's fees.

Signature of Applicant- (Must be printed and signed) Printed Name of Applicant _____

 Date Day Phone No. Address of Applicant Zip Code
Email Address - Required: _____

2. TO BE COMPLETED BY SCHOOL PRINCIPAL

- a. Application is: Approved Disapproved *(if disapproved/reason stated below)*

- b. Principal signature _____ Date _____
- c. Custodial overtime needed? Yes No *(if yes, name & WISE Number)* _____
- d. Special instructions _____

3. TO BE COMPLETED BY SCHOOL RENTALS

- a. Application is: Approved Disapproved *(if disapproved/reason stated below)*

- b. Signature _____ Date: _____
- c. Date Check Received: _____ Check No. _____ Check Date: _____
- d. CHARGES: License Fee \$ _____ Custodial Services \$ _____ TOTAL \$

VIRGINIA BEACH CITY PUBLIC SCHOOLS
Risk Management Office - School Rentals
 641 Carriage Hill Rd.
 Virginia Beach, VA 23452
 Phone (757) 263-1190

Rev. 1/2024

Once Payment is received a copy of the permit will be your receipt of of payment.