

# Schools/PTOs Request/Permit for Use of School Buildings

PERMIT NUMBER

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Please print Legibly And Complete Section Entry

**DIRECTIONS:** Submit request to the senior custodian at least 3 weeks prior to use. Submit check payable to: Newton Public Schools USB, 100 Walnut St. Newtonville, MA, 02460 (617-559-9000). A minimum of 50% is due upon receipt of permit confirmation. For Kitchen use, contact Food Services, 617-559-9015.

Organization \_\_\_\_\_ Contact \_\_\_\_\_ Tel. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Rooms \_\_\_\_\_

Dates Requested

Hours in building From \_\_\_\_\_ To \_\_\_\_\_ Estimate Attendance \_\_\_\_\_  
Purpose/ Activity \_\_\_\_\_ Use of Proceeds \_\_\_\_\_  
 Check box if Open To Public  
 Check box if Admission Charged?

Equipment/ Room Setup \_\_\_\_\_

**Additional Custodial, cafeteria, other services requested may be subject to additional charge.**

Please review School Committee Rules and Regulations before signing this document. Your signature indicates agreement with the terms and responsibilities outlined. Please refer to the reverse of this document.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE SCHOOL SENIOR CUSTODIAN**

RATES ARE PER CUSTODIAN HOUR. Indicate (x) applicable rate  
 School Budget       PTO Free      Meeting # \_\_\_\_\_  
 Support Services pays       No Charge  
 Organization pays       Transfer Billing Budget Account # \_\_\_\_\_

R A T E S	• School Related	<input type="checkbox"/> \$38 After 6:00pm Mon-Fri 3hr. minimum <input type="checkbox"/> \$38 Saturday 3hr. minimum <input type="checkbox"/> \$38 Vacation week <input type="checkbox"/> \$50 Sundays & Holidays - 3 hr. minimum
	• PTO/PTSO	<input type="checkbox"/> No cost first 5 meetings. <input type="checkbox"/> \$19 Mon-Fri meetings. <input type="checkbox"/> \$38 Saturday 3hr. minimum <input type="checkbox"/> \$38 All events 3hr. minimum <input type="checkbox"/> \$58 Sundays & Holidays - 3 hr. minimum

\_\_\_\_\_ hrs x # Custodians = \$ \_\_\_\_\_  
\_\_\_\_\_ hrs x # Custodians = \$ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Signature of Senior Custodian \_\_\_\_\_ Date \_\_\_\_\_

Check# \_\_\_\_\_ for \$ \_\_\_\_\_ attached

Signature of Principal Signifying Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments:

**THIS SECTION TO BE COMPLETED BY SUPPORT SERVICES**

<b>HOURS</b>	<b>Requested</b>	<b>Assigned</b>
_____	_____	_____

Facilities Operations Manager \_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_

In accordance with the Rules and Regulations of the School Committee, permission is

GRANTED       DENIED

Date Received:

BY \_\_\_\_\_ Date \_\_\_\_\_  
Permit valid only when signed by the Chief of Operations or Designee