

**Cumberland School Department**  
2602 Mendon Road  
Cumberland, RI 02864

(401)658-1600

www.cumberlandschools.org

**For Office Use Only**

FEE: \_\_\_\_\_ Account is current  Yes  No Permit #: \_\_\_\_\_

Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

**APPLICATION FOR USE OF SCHOOL BUILDINGS**

**Step 1 of 8: Contact Information** (Please Print)

Group/Individual Requesting Use: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Step 2 of 8: Activity/Event Description**

Purpose of event: \_\_\_\_\_

Is this event sponsored by the Cumberland School Department?  Yes  No Expected Attendance: \_\_\_\_\_

Has this activity previously been held at a Cumberland School Department 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: \_\_\_\_\_

**STEP 3 of 8: Select Facility, Area and 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:**

- Ashton School
- B. F. Norton School
- Community School
- Cumberland High School
- Garvin School
- John J. McLaughlin Cumberland Hill School
- J. L. McCourt Middle School
- North Cumberland Middle School

**Area(s) Requested:** (check all that apply)

- Art Room
- Auditorium
- Band Room
- Cafeteria
- Classroom
- Classroom (Air-conditioned)
- Gym (Wood floor excluding Wellness Center)
- Kitchen
- Media Center

**Equipment Needed:**

- Lighting
- Microphone
- Podium
- P.A. System
- Sound
- Other \_\_\_\_\_

***For Office Use Only:***

**Custodial Hours:**

From \_\_\_\_\_ a.m./p.m.

To \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
Building Principal Signature to Acknowledge Availability of Facility

\_\_\_\_\_  
Date

FORM IS CONTINUED ON THE OTHER SIDE. PLEASE TURN THE PAGE OVER.



**STEP 4 of 8: 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.

- Police coverage required and obtained
- Police coverage not required
- Fire coverage required and obtained
- Fire coverage not required

\_\_\_\_\_  
Signature of Police Department                      Date

\_\_\_\_\_  
Signature of Fire Department                      Date

**STEP 5 of 8: Additional Documentation**

If this activity is a fund-raiser 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.**

**STEP 6 of 8: Submit Complete Application Packet**

Must be submitted at least **3 weeks** prior to activity or event. Complete packet includes:

- signed application
- payment (If applicable) by check made payable to "Cumberland School Department"
- certificate of insurance with a minimum of \$1,000,000 liability coverage, naming Cumberland School Department as an additional insured, unless otherwise requested.
- additional documentation as necessary. All additional documentation associated with this event (flyer distribution approval, fund-raising permission, etc.) must be pre-approved by the Office of the Superintendent.

**Step 7 of 8: Requestor Signature**

This permit is requested under the policies of the Cumberland 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.

**Step 8 of 8: Mail Complete Packet to :**

Cumberland School Department  
Office of the Superintendent  
2602 Mendon Road  
Cumberland, RI 02864

Date Stamp Received by Superintendent's Office