

JACKSON PUBLIC SCHOOL DISTRICT
Jackson, Mississippi

School Year ____ - ____

APPLICATION FOR USE OF SCHOOL FACILITY
(In-house District After-Hours Functions ONLY)

School/Department Making Request: _____

Date of Application: _____ Date(s) Requested: _____

School Requested: _____ Area(s)/School Requested: _____

Name of Organization Requesting Facility: _____

Contact Person: _____ Phone Number: _____

Open: _____ Close: _____

Description of Activity: (Give a brief description of the activity and its purpose.): _____

SERVICES NEEDED: Please check all that apply.

____ HVAC

____ Campus Enforcement (Security) _____ Number of Officers Needed

____ Custodial Services

APPROVED:

Principal Date: _____

Area Superintendent Date: _____

Athletic Director (If Needed) Date: _____

**Applications must be submitted to the Facilities Office 5 days prior to event.
Applications not received 5 days prior to event are not guaranteed all services.**