



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF LEARNING SERVICES – OFFICE OF SPECIAL EDUCATION
 STATE BOARD OPERATED SCHOOLS

APPLICATION FOR USE OF SCHOOL PREMISES

INSTRUCTIONS

Return completed form in one of the following ways:

- FAX to: _____ (NO COVER PAGE REQUIRED)
- EMAIL to: _____

ORGANIZATION APPLYING

BUILDING AND FACILITY DESIRED

- MISSOURI SCHOOL FOR THE BLIND (MSB) MISSOURI SCHOOL FOR THE SEVERELY DISABLED (MSSD)
- MISSOURI SCHOOL FOR THE DEAF (MSD)

DATE(S) OF DESIRED USE

HOURS

FROM

TO

NAME OF PERSON(S) IN CHARGE

PURPOSE OF REQUEST

THE UNDERSIGNED, AS A REPRESENTATIVE OF THE ORGANIZATION IDENTIFIED ABOVE, AGREES TO BE RESPONSIBLE FOR SUPERVISION OF AND THE CONDUCT OF ALL PERSONS PRESENT. ADDITIONALLY, THE APPLICANT ASSUMES FULL RESPONSIBILITY FOR ANY DAMAGE WHICH MAY RESULT TO SCHOOL PROPERTY AND ANY LIABILITY DUE TO INJURY OR DEATH OF PARTICIPANTS.

SIGNATURE OF APPLICANT

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

--- FOR OFFICE USE ONLY ---

SCHOOL RECOMMENDATION

COMMENTS (OFFICE OF ADMINISTRATION – FACILITIES MANAGEMENT, DESIGN, & CONSTRUCTION)

APPROVED

DENIED

OA SIGNATURE

DATE

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