

# 2021-2022 Permit Application



475-220-1647  
375 Quinnipiac Ave  
New Haven, CT 06513

Application must be submitted 3 weeks in advance for all use of NHBOE Facilities

## General Information

## Organization Address \*

### Primary Contact Name \*

Street Address (NO PO BOXES)

First Name (Please print clearly) Last Name

Street Address Line 2

### Program/Organization Name \*

City

State / Province

### Email Address \*

Postal / Zip Code

### Have you previously used or held a program at a NHPS location?

YES

NO

### Organization Phone Number \*

Area Code

Phone Number

## Location Request Details

### Name of School Requested (1st choice) \*

### Frequency

One day request

Recurring

Start Time

End Time

### Areas Requested

Auditorium

Gym

Outdoors Only

Pool

Lobby

Cafeteria

Library

Classrooms

### What days would your program operate?

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

**Requested Start Date**



Month Day Year

**Date**



Month Day Year

**Do you have any setup requests?**

## Program Overview

**Is this a \***

- School Sponsored
- City Sponsored
- Outside Organization

**Is your program geared towards**

- NHPS Students
- Adults
- Community Members

**If your program services children, what age range?**

**Is your program licensed by the OEC?**

- YES
- NO

**Are you a 501 (c)(3)**

- YES
- NO

**Do you charge admission?**

- YES
- NO

**Explain the cost of participating in your event or program:**

**How many adult participants? \***

Adults Participating

**How many child participants? \***

Children Participating

**How many adult supervisors? \***

**What type of program are you offering**

- Academic
- Arts / Performing Arts
- Athletic
- Religious

**What percentage of participants are New Haven residents? \***

- 100% live in New Haven (program not open to non-residents)
- 75% live in New Haven
- 50% live in New Haven
- Less than 50% live in New Haven
- None are from New Haven

**Is your program sponsored by or in partnership with the NHPS? Please provide documentation of partnership.**

- YES (If so, describe below)
- NO

**If a partnership exists, please describe**

**Description of program or event**

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## **Insurance (certificate required 10 days in advance of start date)**

**Policy Effective Date**

**Policy Expiration Date**

**Insurance Policy #**

**Name of Insurance Company**

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## **Coronavirus & Health Protocols**

**Please explain what precautions you are taking to screen participants for wellness and uphold physical distancing requirements:**

**Explain your procedure if there is a suspected case within your program?**

Name of Designated Daily Staff Screener:

Do you conduct temperature screenings daily?

YES

NO

First Name

Last Name

If said permission is granted we hereby agree to strictly comply with the rules and regulations of the Board of Education governing the use of public school buildings, to take the utmost care in the use of the school property, to make good any damage to or loss of school property arising from our occupancy of any portion of the building. The New Haven Public Schools reserves the right to terminate any permit due to district needs of the facility, misconduct, or due to non compliance of rules and regulations of building use.

Requests must be received in this office at least three (3) weeks prior to the start date. Programs will be approved based upon merit and perceived value to students of the New Haven Public Schools and the New Haven Community. Approvals are NOT solely based on "first come, first serve" basis.

If application is approved and payment applies, payment in full must be received at a MINIMUM of (10) business days prior to event/program start date in the form of a certified bank check or money order.

CASH IS NOT ACCEPTED.

The NHPS reserves the right to require security, audio visual, or other staff based upon details and specifications of program. Permit will be issued following receipt of payment. Any permit changes, including cancellations, must be requested and approved seventy-two (72) hours before the event. Failure to comply may result in additional charges. We recommend not advertising your event until the permit has been finalized. By signing below, you affirm that you have received, read and agree to comply with the NHPS Building Use Rules and Regulations

EMAIL APPLICATION TO: heather.barbarotta@new-haven.k12.ct.us

FOR OFFICE USE ONLY

Signature of Appicant

Date



Month Day Year

Office Initials

Date Received

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