



MINISTRY OF EDUCATION

Application for Use of School Facilities (*please print legibly*)

Part 1: (To be completely filled out by applicant)

Name of Organization: _____

Type of Organisation: _____ (individual, corporation, etc.)

Mailing Address: _____

Contact Person:

Name: _____ Title (if any) _____

Telephone: _____ Email address: _____

If activity must be cancelled by the Ministry of Education who (if different from above) should be contacted?
(Note – all activities are generally cancelled whenever school is closed due to inclement weather.)

Name : _____ Cellphone #: _____

Request being made:

Name of event: _____

Please describe activity _____

School _____ Date(s): _____ Time(s): _____

(Please use additional sheets(s) if more than one date/time is required)

Facilities Needed: (*please check all that apply*)

Classrooms (Number of Rooms: _____)

Gym (s) Cafeteria (check if desire use of Kitchen)

Auditorium Other, please specify: _____



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Food Service:

Will food or beverages be served or sold during the event?

Food

Served Yes No

Sold Yes No

Beverages

Served Yes No

Sold Yes No

If yes to the above question, please provide details:- _____

Equipment Needed: *(Please check all that apply)*

Table (s) # _____ Chairs # _____ Projector

Stage Sound / Lighting (*) Microphone (s)

- Requires operator(s) at additional charge (see Fee Schedule)

Other, please specify: _____

Other Information :

Will your event be open to the public? No Yes *(Note – a police detail may be required, based on the information contained herein)*

Approximate number of expected attendees: _____ Number of Chaperones: _____

Has your organization previously used Anguilla Public School Facilities? Yes No

Is your organization a government agency/entity? Yes No *(see below)*

If No, depending on the activity to be carried out a certificate of Insurance must be filed with the Department of Education two weeks prior to the planned event. Insurance must have minimum limits of US\$100,000 for general liability (covering body injury and property damage combined, and personal injury.)



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PLEASE SEE BELOW REGARDING RESPONSIBILITY FOR USING SCHOOL FACILITIES

It is understood that through the submission of this application that:

- 1) The user is solely responsible for the fulfillment of all the requirements, permits and licenses as regulated by the laws of the Government of Anguilla and the School Rules and Regulations of the Ministry of Education.
2) Estimated Fees for using the facilities of the Anguilla Public School System are based on information contained herein.
3) Additional Charges may result after the use of facilities (eg. cleanup, damages etc)
4) Total fees and deposit are due two (2) weeks prior to the planned event date(s), unless otherwise approved. No organization will be permitted to use school facilities if an unpaid charge exist from a prior use.
5) Any damages sustained to the facility during its use will be considered the responsibility of the organization. The organisation will be billed for any repairs needed to restore the facility to its original condition.

I received and read the Ministry of Education, Anguilla Public School Facilities Use Policy. [] Yes [] No

I received and read the Fee Schedule (or fee estimate) [] Yes [] No

(Note- Cheque should be made payable to The Government of Anguilla)

I hereby accept responsibility for supervision, compliance with applicable laws and policies, payment of fees (if applicable) and, subject to additional assessment, any damages associated with the foregoing use of school facilities.

Date: _____ Signature of Applicant: _____

Note: The use of school facilities is subject to the existing policies, addendums and fee schedules as established by the school.

Part II: School

Approved: [] Yes [] No By: _____ Date: _____

(Please attach comments on a separate sheet if necessary)

Part III: Department of Education

Certificate of Insurance on File [] Yes [] Pending [] N/A

Fee estimate for usage included with approved application [] Yes [] No [] N/A

USAGE APPROVED: [] YES [] NO By: _____ Date: _____

This section is to be completed after approval if granted.

Fee paid [] Yes [] No

Refundable Deposit of US\$.....:.... paid [] Yes [] No

Payment Received by.....Name.....Signature