OXFORD TOWNSHIP SCHOOL DISTRICT
17 Kent Street, Oxford, N.J. 07863

Request for Use of Facilities Form
Oxford Board of Education Policy 1330/ Administrative Regulation #2
Complete form in its entirety and submit to the Main Office at least 10 days in advance of event.
Note: No Activity may take place until approval has been granted.
Per Board Policy #2210- Administrator Approval _____ CATEGORY ______

Organization/Group: __________________________ Date of Application: ________
Adult in Charge:* ______________________________
*Adult named must remain on premises during entire event.
Address: ____________________________________________

email: __________________________________________ Phone #: (__) ____________

Insurance Carrier**: __________________________________ Policy #: ______________________
**If not previously provided, please attach a current Certificate of Liability Insurance naming Oxford Central School as additional insured (minimum $1,000,000 and $2,000,000 aggregate).

Check One: _______School Related _______Community Related _______Governmental _____Private
Check One: _______Non-Profit _______Profit

Purpose of Activity:
Estimated number of enrollees/participants at any one time: ________ Number of adult chaperones ________ (One adult per 15 enrollees/participants).

♥ Janet’s Law requires that team coach or other designated adult present during the athletic event or team practice, be trained in CPR and the use of an AED.♥

Adult(s) with training: ____________________________________________________________

Date(s) for Use of Facilities: 

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<th>Month</th>
<th>Start Time ***</th>
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(***This is the earliest you will be admitted into the building and the time you are expected to vacate the building. If you require set-up or clean-up time, please indicate so.) UNSUPERVISED CHILDREN WILL NOT BE ALLOWED TO ENTER THE BUILDING AT ANY TIME.
Revised November 2016
**Areas Requested:**

- Classroom(s)
- Library
- Multi-Purpose Room (Cafeteria)
- Kitchen (fee applies)
- Gymnasium
- Stage
- Athletic Field/Playground
- Other (specify)
- Art Room

**Special Instruction:** List any equipment, supplies or set-up instructions requested. If requesting tables and chairs please indicate how many and where they should be set-up.

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CSA/Principal’s Approval ___________________________ Date _____________

School Business Administrator’s Approval ___________________________ Date _____________

I have received a copy of the Oxford Township Board of Education’s Use of School Facilities Policy and Regulations (#1330 and #1330R) and agree to adhere to them as stated.

Signature of Authorized Applicant ___________________________ Date _____________

If you have any questions, please contact Mrs. Ellen Doyle (Ext. 2109) or Mrs. Diana Ramkelawan (Ext. 2115).

For Board Use Only:

Date of Board Approval: _____________ Copies to: ____ Applicant ____ Principal
- ____ Custodian ____ UOF File (Original)

Revised November 2016