

2022-2023
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

Requested End 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 Spectators or Attendees

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

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

Policy Effective Date

Policy Expiration Date

Insurance Policy #

Name of Insurance Company

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
