

Facilities Use Request

Lowell School District

Lowell achieves educational excellence for all through pride, communication, and respect for all in a fun and safe environment.

Today's Date: _____

Facility (Building & Room) Requested: _____

Date of Use: _____

Time of use (Start time and duration): _____

Group/Organization Making Request: _____

Responsible Individual: _____

Contact Phone Number for Responsible Individual: _____

Nature of Activity: _____

By signing below, you have read and agreed to the following (please initial each item):

(Initials) The sponsoring person or organization agrees to abide by all state and local laws and policies and will be directly responsible for any damage or loss caused to the District or its premises.

(Initials) A certificate of additionally insured has been submitted to the district.

(Initials) You have read and understand the Facilities Use and Security Guidelines.

Signature of Responsible Person

Date

APPROVAL

Principal or Superintendent

Date

Maintenance Supervisor

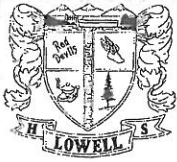
Date

FOR OFFICE USE ONLY

Date Received by Office: _____

Confirmation made by: _____

Date of confirmation: _____



Activity-Fundraiser Request Form

Lowell School District

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If applicable, Facilities Use form must accompany this form.

Today's Date: _____

Group/Organization Making Request: _____

Advisor/Leader in charge: _____

Date(s) of Activity: _____

Describe Activity/Fundraiser: _____

Time - Does set-up involve time during the school day? ☐ Yes* ☐ No

* If yes, state exact times and brief explanation of why this needs to happen during school time:

ALL DANCES REQUIRE ADULT CHAPERONES. Two faculty members and four parents/ adults are required before hosting a dance.

Faculty

Faculty

Parent

Parent

Parent

Parent

Price of admission/fundraiser item: _____

Proceeds to be used for: _____

A \$50.00 MINIMUM CLEAN UP FEE OR ACTUAL COST WILL BE CHARGED TO CLASS/ORGANIZATION IF PREMESIS ARE NOT CLEANED AT THE END OF THE EVENT.

Do you need to use the concession stand? ☐ Yes ☐ No

Do you require a cash box? (If yes, fill out Cash Box Request Form.) ☐ Yes ☐ No

Activity Director: _____

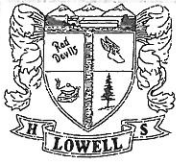
Principal: _____

☐ Approved

☐ Not Approved*

*Explanation of non-approval: _____

Cc: Custodian
Business Manager



Purchase Order Request

Lowell School District

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Ordered by (Name/Organization): _____ Date: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

Website: _____

For account coding purposes, please describe the use of this purchase (who it is for, what it will be used for, where it will be used, etc.): _____

Quantity	Catalog #	Description	Unit Price	Amount (Qty x Unit Price)
Total of all items requested				

Attach additional PO Request pages if your order requires more space.

Signatures

Person making request

Superintendent or designee

☐ HARD COPY REQUESTED (Check this box if you need a printed PO with a PO number)

☐ CHECK REQUESTED (Check this box if you need a check written to the company from which you are purchasing)

Check #: _____

Date of check: _____

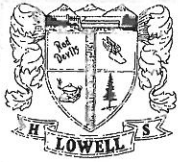
Amount: _____

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Account Charged: _____

PO Number: _____

Submit completed form to Business Office



Request for Cash Box

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Sponsored by: _____ Date: _____

Event : _____

Date of Event: _____ Location: _____

Quantity			Total
Nickels		rolls at	=
Dimes	x	rolls at	=
Quarters	x	rolls at	=
\$10 bills	x		=
\$ 5 bills	x		=
\$1 bills	x		=
			Total:

Signatures

Signature of person taking change

Organization Advisor

Financial Administrator

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Date returned.: _____

Received by: _____

Cc: District Secretary

Submit completed form to Business Office