

# Telecommunications & Technology Department ARLINGTON PUBLIC SCHOOLS

63 Acton Street  
Arlington, MA 02174

## APPLICATION FOR USE OF THE COMPUTER LABS. MUST BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO THE EVENT

Date: \_\_\_\_\_

**To the Superintendent of Schools:**

On behalf of \_\_\_\_\_  
(Name of Organization)

I, \_\_\_\_\_, hereby apply for the use of the  
(Name of Applicant)

**COMPUTER LAB** at the

<u>High School</u>	<input type="checkbox"/> Rm 321	<input type="checkbox"/> Rm 322	<input type="checkbox"/> Rm 402	<input type="checkbox"/> Rm 403	<input type="checkbox"/> Math Lab
<u>Ottoson Middle School</u>	<input type="checkbox"/> Rm 217	<input type="checkbox"/> Rm 324	<input type="checkbox"/> Rm 328		
<u>Brackett Elementary</u>	<input type="checkbox"/> Lab	<u>Bishop Elementary</u>	<input type="checkbox"/> Lab		
<u>Hardy Elementary</u>	<input type="checkbox"/> Lab	<u>Pierce Elementary</u>	<input type="checkbox"/> Lab		

on: \_\_\_\_\_ from: \_\_\_\_\_ until \_\_\_\_\_ P.M.  
(Date)

for the purpose of: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Admission Charged:  yes  no

Please list computer applications needed for this program:

Application: \_\_\_\_\_

I have carefully read the rules and regulations in the use of school property and guarantee that the organization that I represent will comply with them in full, including the rule against smoking in school buildings, care and protection of the property and responsibility for behavior and discipline of persons present in connection with the permit.

Signed \_\_\_\_\_

School \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Approvals:**

Return completed application to:  
Josephine Antonellis  
Telecommunications & Technology Dept.  
Arlington Public Schools - Ottoson Middle School  
email: jantonellis@arlington.k12.ma.us

\_\_\_\_\_  
(Telecommunications & Technology Dept.)

\_\_\_\_\_  
(Principal's Initials)

\_\_\_\_\_  
(Arlington Public Schools, Business Office)

\_\_\_\_\_  
(For the School Committee)

**Financial Obligations:**

ESTIMATE DUE: \_\_\_\_\_

FACILITY FEES	MATRON
CUSTODIAN	FOOD SERVICE WORKER
2 <sup>ND</sup> CUSTODIAN	MEDIA OPERATORS

1. Sufficient time must be allowed at the conclusion of the event to permit custodian to remove equipment and clean up.
2. All fees are payable, in advance, one week prior to scheduled event.
3. Cancellation must be made at least 24 hours before event or there will be a minimum charge of three hours custodial fees.
4. All checks are to be made payable to the TOWN OF ARLINGTON and mailed to the Business Office, 869 Mass Ave., Arlington, MA 02476