Please Note: Submission of the rental fee waiver is the sole responsibility of the Requestor/Vendor. Waivers submitted on behalf of the vendor by a 3rd Party will be rejected (third party – schools, PTA/PTO, child cares).

Building Rental – Request for Rental Fee Waiver

Required for all rental fee waivers in the “Support of Youth Education” category, as described in Use of School Facilities policy 4260 and procedure 4260SP. This form does not waive rental fees for Adult use of SPS facilities. Waiver applies for rental fees only. All other fees requested or required will be invoiced. (Utilities, Custodial, Security, etc.)

Requestors: Please complete all information and submit this form to the school principal for signature. The MLS Request ID No. is obtained after submitting a Request in Master Schedules to use the facility. The form is incomplete without this number and cannot be processed, unless attached to a submitted MLS Request. Only completed forms are processed. Incomplete forms will not be processed and the on-line Request will be invoiced as paid use.

This completed form is attached to the MLS Request or submitted to Building Rentals Office by the Requestor.
If scanned and emailed in PDF form to buildingrental@seattleschools.org, use Subject line: Rental Waiver/Organization name/Request ID #. Please keep a copy of the form until the invoice has been paid in full.

Requestors/Vendors/Sponsored Organizations must set up a profile in Master Library(ML), and submit their insurance showing Seattle Public Schools as the additional insured when submitting their on-line Request to use the facility.

This form must be received by Building Rentals within 30 days of submitting the online schedule or within 60 days of receiving an invoice. It will be processed as a change request.

Principal: Signed forms are to be returned to the Requestor. The Requestor will submit the form to the Building Rentals Office. If this is a school activity, this form does not have to be filled out. School activities are those that are directed by District employees and for which those employees receive wages.

Name of individual requestor (Organization Account Name as listed in Master Library):
______________________________________________________________________________________________

Phone: ____________________________ Email: ___________________________________________________

Sponsoring organization (if applicable): __________________________________________________________

School Name: _____________________ Location of event: ____________________________________________

For a single Request or single service provider:
Name of service provider/vendor: ________________________________________________________________
(If different from sponsoring organization; if same, write “n/a”)

Master Library Request ID number(s): ____________________________________________________________

Date(s) of event(s): ________________________________________________________________________

Superintendent Procedure 4260SP Cross Reference: Policy Nos. 4260; 4265; 4270, 4215, 5251
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Anticipated headcount: ______________________________________________

Please describe the event: ____________________________________________

__________________________________________________________________

Important: All service providers must have an account in Master Library with the service provider’s current insurance information.

For a coordinated program
If multiple Master Library ID No.’s are submitted on this form for separate events, an attached list must include the following information in the same order listed on page 1 of this form. Name of Service Provider or Vendor, Master Library ID No., Date(s) of event(s), Anticipated headcount, Describe the event, Attach the insurance certificate for the service provider/vendor

For all events and activities covered by this Request Form - please circle yes or no:

- Yes/No- Does staffing meet the District’s ethics policy?
- Yes/No- Does the activity support youth education?
- Yes/No- Is the event or its registration open on a first-come, first-served basis?
- Yes/No- Does the activity meet the criteria for appropriate use of school district space, as described in procedure 4260SP?
- Yes/No- Is the service provider’s insurance certificate naming Seattle Public Schools as the additional insured attached or current in Master Library?

Please describe how the event meets youth enrichment requirements of Superintendent Procedure and justification for a rental fee waiver:

__________________________________________________________________

SIGNATURES: By signing below we are in agreement that the event meets criteria established in School Board Policy 4260 and Superintendent Procedure 4260SP. We understand that all building rental fees will be waived but we will be required to pay all other fees required.

__________________________________________________________________

Requestor/Sponsor representative (same as above)  Date

__________________________________________________________________

Principal or Representative Signature  Printed name  Date

Please Note: The Rent Waiver Form should not be used to separate events after submitting a request online. If a request has more than one date, all of the Event Dates should be for the Event Title/Event Description listed on the Request ID in Master Library.

Please complete all requested information on the Rent Waiver Form prior to submitting the form. Incomplete forms are not processed. Due to the volume of forms received, the Requestor may not be notified that the form is incomplete and not processed.