

**MIAMI SOUTHRIDGE SENIOR HIGH SCHOOL  
FACILITY USE FORM  
EQUAL ACCESS GROUPS**

**DATE OF APPLICATION:** \_\_\_\_\_

(Must be submitted at least five school days before requested date)

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Room:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Time meeting will begin:** \_\_\_\_\_ **Time meeting will end:** \_\_\_\_\_

**Anticipated Student Attendance:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Non-Student Guests Attending Meeting:**

*(Equal Access Monitor must complete Guest Speaker Form for every guest listed)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Equal Access Monitor is available for meeting:**       **Approved**    **Denied**

**Signature:** \_\_\_\_\_

*For Office Use Only*

Submit this form to the Activities Office for final approval. A signed copy of this form will be returned to you upon approval.

**Guest Speaker Form(s) attached for each guest:**       **Yes**    **No**

**Activities Director:** \_\_\_\_\_  **Approved**    **Denied**

**Principal:** \_\_\_\_\_  **Approved**    **Denied**

**NOTE:**

**You are responsible for cleaning and removing all items from the area immediately after the meeting (decorations, trash, etc.)**