

Descriptor Term:

EBH

**USE OF SCHOOL FACILITIES**

ISSUE DATE: **5-22-00**

REVISED: **3-14-11**

**JACKSON COUNTY SCHOOL DISTRICT**  
**APPLICATION FOR PERMIT TO**  
**USE SCHOOL FACILITIES**

1. Date of Application: *8/25/2025*
2. Date Usage Requested: *11/22/2025*
3. Name of Applicant: *Rose Payton*
4. Address of Applicant: *6576 Carter Circle Ocean Springs, MS*
5. Facility Requested (School, Bldg.): *Gym*
6. Time Building to be opened: *9:00 A.M.* Estimated time to be closed: *8:30 P.M.*
7. Give Purpose and Details of Activity: *Fashion Show*
8. Person in charge at program: *Rose Payton*
9. Will security be provided? *Yes*
10. Facility Usage Fee is \$150.00/day, (money/check paid with application). Facility cleaning and repair fee is \$100.00/day, (money/check paid with application). Total \$250.00 per day.
11. Person responsible for cleaning/repair charges when applicable.  
Name: *Rose Payton* Phone: *228-327-4057*  
Address: *6576 Carter Circle Ocean Springs, MS*
12. Applicant agrees to pick up keys from:  
On: *11/22/25* by: *Rose Payton* (AM) (PM) and return keys to *that nite*  
On: by: (AM) (PM)

The undersigned applicant hereby certifies that he/she, acting for and on behalf of himself/herself (or the organization), has read and understands the rules and regulations pertaining to the use of the school facilities and agrees to conform to the same.

*Rose Payton*

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Out Da Box Fashion Rose Peyton  
Organization Signature  
11/22/2025 Owner  
Date Title

Application Approved ( ) Fees: \$\_\_\_\_\_  
Application Denied ( ) Bond: \$\_\_\_\_\_

Application Approved ( )  
Application Denied ( )

[Signature]  
Principal  
[Signature]  
Assistant Superintendent, Attendance Center

8/25/2025  
Date  
8/26/25  
Date

\_\_\_\_\_  
Superintendent, Jackson County School District

\_\_\_\_\_  
Date

\_\_\_\_\_  
APPROVED (Jackson County School Board of Education)

\* Mr. Lehtard,

Recommended we waive fees since  
they are making a donation to the  
basketball program. Thanks!

AK