

ERIE 1 BOCES EXPLORATORY ENRICHMENT PROGRAM REQUEST FORM

PLEASE RETURN FORM TO: DEBBIE SCHWEIGERT
ARTS IN EDUCATION
ERIE 1 BOCES
355 HARLEM ROAD
WEST SENECA, NY 14224

TO BE USED FOR ALL EXPLORATORY ENRICHMENT PROGRAMS (Coser 427)

PLEASE NOTE: We appreciate your cooperation regarding the following:
This request must be received by Erie 1 BOCES at least six (6) weeks PRIOR to the event being scheduled. Faxed requests will not be accepted. IT IS NOT POSSIBLE TO MAKE EXCEPTIONS. This request must be signed by the IDAB representative for Exploratory Enrichment ONLY.

DISTRICT SCHOOL

TEACHER REQUESTING PROGRAM

PHONE # EMAIL ADDRESS:

DISTRICT ARTS IN EDUCATION ADMINISTRATOR

PHONE # EMAIL ADDRESS:

PROGRAM REQUESTED

DATE REQUESTED DATE RECEIVED BY BOCES

1. TYPE OF PROGRAM (check all that apply)

IN SCHOOL

OUT OF SCHOOL

Performance	Tour		
Workshop	Tickets		
Residency	Field Trip		
	Other:		

2. DATE(S) OF PROGRAM

3. NUMBER OF STUDENTS GRADE(S) NUMBER OF TEACHERS

4. PREPARATION: How will you and your students prepare for this program/activity?

5. LEARNING TARGET/OUTCOMES: Briefly describe what students will learn from this activity and the role the activity plays.

6. CONTENT STANDARDS: List all standards addressed by the program.

7. OTHER APPROPRIATE CURRICULAR CONNECTIONS (if any):

PLEASE NOTE: The following information must be completed in full (even if you supplied this information previously) in order for a contract to be issued. Failure to provide all information will result in the request being returned to you.

5. NAME OF ARTIST/AUTHOR/GROUP/PROGRAM

6. NAME (to appear on check from BOCES)

ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL

SOCIAL SECURITY NUMBER (for individuals)

FEDERAL ID# (for groups)

FOR INDIVIDUALS

Member of NYS Retirement System: YES NO	Ever had a contract with Erie 1 BOCES before: YES NO
If yes: TRS/ERS #	Been finger printed: YES NO
Retired: YES NO	

7. PLEASE DESCRIBE SERVICES TO BE PROVIDED:

DATE(S)

TIME

GRADE(S)

OF WORKSHOPS (if applicable)

LOCATION

8. TICKETS OR EDUCATIONAL PROGRAM FEES:

NUMBER OF TICKETS RESERVED

COST OF EACH TICKET

Or PROGRAM FEE:

TOTAL COST

9. TOTAL AMOUNT (requested from BOCES) _____

10. APPROVED BY

(DISTRICT ADMINISTRATOR NAME - PRINT)

(DISTRICT ADMINISTRATOR SIGNATURE)

DATE

For assistance with this form, contact: Debbie Schweigert (716) 821-7188 or dschweigert@e1b.org