

# ERIE 1 BOCES ARTS IN EDUCATION PROGRAMS REQUEST FORM

TO BE USED FOR ALL ARTS IN EDUCATION PROGRAMS (circle one):

**ARTS PERFORMANCES, AUTHORS/POETS, Exploratory Enrichment JUST BUFFALO YAWNY**

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 Arts in Education 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	Art Form(s)	
Performance	Tour	Music	Mime
Workshop	Tickets	Dance	Visual Arts
Residency	Field Trip	Theater	Other
# Sessions	Other	Interdisciplinary	

2. DATE(S) OF PERFORMANCE \_\_\_\_\_

3. NUMBER OF STUDENTS \_\_\_\_\_ GRADE(S) \_\_\_\_\_

NUMBER OF TEACHERS \_\_\_\_\_

4. CRITERIA: HOW WILL THIS PROGRAM SUPPORT THE LEARNING STANDARDS?  
(Brief description - two sentences)

**A. MANDATORY:** Specify the standards the program will address (Arts 1, 2 & 4, ELA, SS, etc.):

**B. MUST MEET THE NYS ARTS STANDARDS (INCLUDING LITERARY ARTS)**

**C. CLEARLY STATED LEARNER OUTCOMES**

**D. CONTEXT ESTABLISHED RELEVANT TO ARTS-CENTERED LEARNING**

**E. ARTIST CREDENTIALS - WITH DISTRICT REFERENCES WHEN AVAILABLE.**

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) \_\_\_\_\_

Member of NYS Retirement System: <b>YES/NO</b>	Ever had a contract with Erie 1 Boces before: <b>YES/NO</b>
If yes: TRS/ERS # _____	Been Fingerprinted: <b>YES/NO</b>
Retired: <b>YES/NO</b>	

7. PLEASE DESCRIBE SERVICES TO BE PROVIDED:

DATE \_\_\_\_\_ TIME \_\_\_\_\_ GRADE(S) \_\_\_\_\_

# OF PERFORMANCES \_\_\_\_\_ # OF WORKSHOPS \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(DISTRICT ADMINISTRATOR SIGNATURE)

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

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