



Exceptional Education Request for Cross Contract

with _____ BOCES

School Year Requested: _____ Initial Request: _____

District: _____ Re-application continuing from previous school year: _____

Student Name: _____ D.O.B: _____ Classification: _____

Curriculum Focus:	Gen. Ed.	Mod. Gen. Ed.	
Class Size:	6:1+1	8:1+1	12:1+1
Level	Elem.	Middle	High

Other Services: _____ Anticipated Start Date: _____

Has a referral been submitted for placement for this student to Erie 1 BOCES? Yes No

When was the referral made? _____

Was a placement offered by Erie 1 BOCES? Yes No

Rationale for Request: If Erie 1 BOCES offered a placement, why is the cross contract request being initiated?

Please Note:

- **Cross contract approvals are for one school year only.**
- **All cross contracts will be reconsidered when students are moving up from elementary to middle school or middle to high school.**

District Representative

Date