

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: _____

SIGNATURE DISTRICT AIE ADMINISTRATOR _____
(MAUREEN GEORGE)

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 – as described under “Criteria” above

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: 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 _____ 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

Building Principal Approval

Date

Superintendent Approval

Date

Business Administrator Approval

Date