

ERIE 1 BOCES ARTS IN EDUCATION PROGRAMS REQUEST FORM

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

Circle one item here

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 Cheektowaga Central SD SCHOOL _____

TEACHER REQUESTING PROGRAM _____

PHONE # _____ EMAIL ADDRESS: _____

DISTRICT ARTS IN EDUCATION ADMINISTRATOR Maureen George

PHONE # 716-686-3645 EMAIL ADDRESS: mgeorge@ccsd-k12.net

PROGRAM REQUESTED _____

DATE REQUESTED _____ DATE RECEIVED BY BOCES _____

Fill out this section

Do not fill this out

1. TYPE OF PROGRAM (check all that apply) **Fill out this section**

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 _____

Fill out this section

3. → NUMBER OF STUDENTS _____ GRADE(S) _____

→ NUMBER OF TEACHERS _____

Complete this section relating to how the trip/event supports learning standards

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

Use your best estimates here

Only A needs to be completed, list the standards being addressed, the statement above in #4 should touch on C and D

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) _____

Fill out this section, the Business Office can assist if necessary

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

7. PLEASE DESCRIBE SERVICES TO BE PROVIDED:

DATE _____ TIME _____ GRADE(S) _____

OF PERFORMANCES _____ # OF WORKSHOPS _____

LOCATION _____

Fill out this section

Fill out this section



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

Once completed,
please send to
your building
principal for
approval.



Building Principal Approval

Date

Superintendent Approval

Date

Business Administrator Approval

Date