

# Arts in Education

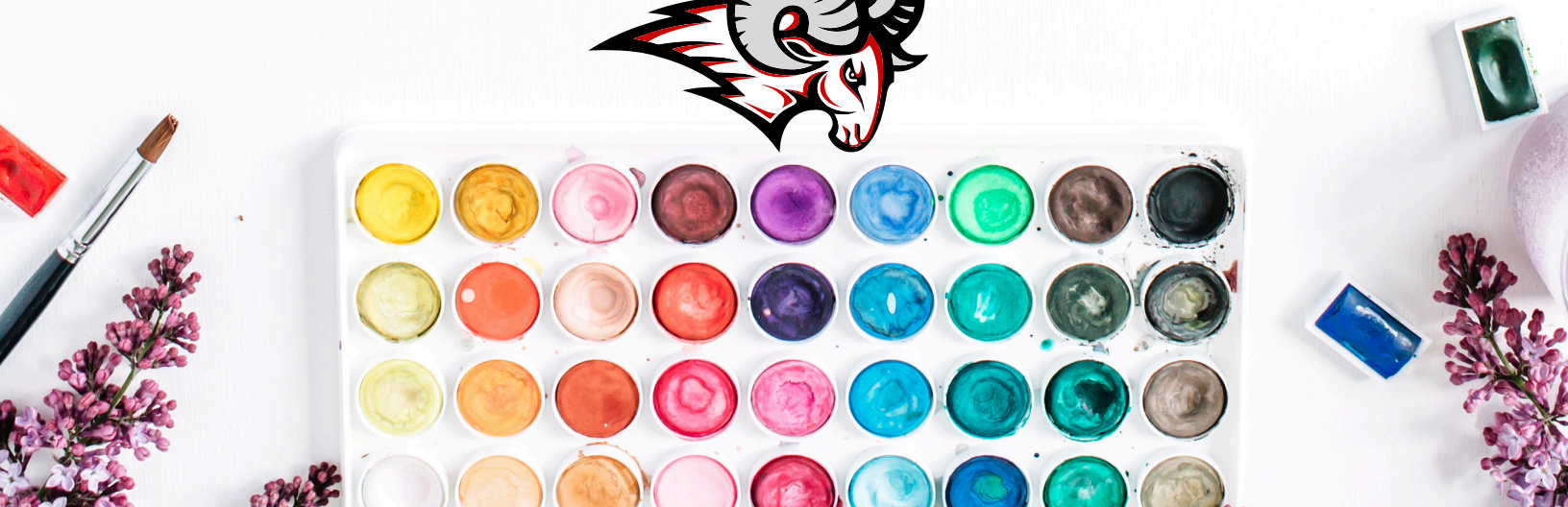
BOCES Arts in Education events include those events that are coordinated through and supported by WFL BOCES. The events must be aligned to the New York State Arts Standards or Arts Integration Standards (including NYS Arts Standards and NYS Academic Standards). Examples of Arts in Education events include: educational field trips with connections to the arts, visiting artists or assemblies, student workshops, etc. Many museums and common field trip sites offer an Arts in Education component to make admission costs eligible for this program. Food, travel, lodging, and supplies are not eligible for Arts in Education funding.

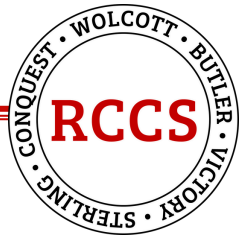
## ***What is the benefit to using Arts in Education?***

If eligible for Arts in Education, the cost of your field trip, assembly, or event would be covered by the district. Since these events are run through WFL BOCES, the district receives aid back on these costs.

## **Arts in Education Request Procedure:**

1. Contact the program or event you wish to visit/work with to investigate program and alignment to the arts standards.
2. Complete BOCES Arts in Education Request form and submit it to Jenn DeVinney. ***This must be completed at least two months prior to your event.***
3. Once approval is received, the business office will be billed by WFL BOCES for the event and BOCES Arts in Education staff will coordinate the purchase of tickets or the contract for the event.





# Red Creek Central School District

## Field Trip Request Form

Teacher Name: \_\_\_\_\_

Group Attending: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Round Trip Mileage of Trip: \_\_\_\_\_

Transportation Expenses to be Assumed By: \_\_\_\_\_

Trip Date(s): \_\_\_\_\_

*\*\*If this is an overnight trip, Board of Education approval is required.*

Anticipated Number of Students Attending: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Requested Number and Names of Chaperones (Please Note a 1:10 ratio is recommended):  
\_\_\_\_\_

Will chaperones be submitting timesheets for hours outside of the contractual day for this trip? ☐ Yes ☐ No

If yes, who will be responsible for the cost of this pay? \_\_\_\_\_

Signature of Administrator Granting Approval for Chaperone Pay: \_\_\_\_\_

Are there any special needs of student attendees? If yes, please describe. (i.e. 1:1 aide, nurse required, etc.)  
\_\_\_\_\_

### COST INFORMATION

- Estimated Total Per Student Cost of Trip: \_\_\_\_\_
- Requested Arts in Education Cost Per Student: \_\_\_\_\_
- Requested Grant Funded Cost Per Student: \_\_\_\_\_
- Other Cost Covered Per Student (Include Funding Source): \_\_\_\_\_
- Anticipated Out of Pocket Cost Per Student: \_\_\_\_\_

How will the out-of-pocket cost be covered for students who are unable to pay this cost? *(any trip funded in part through Arts in Education or Grant funds must make attendance eligible to all students regardless of ability to pay out of pocket expenses)* \_\_\_\_\_

Does this trip occur during meal times? ☐ Yes ☐ No

If yes, how will meals be provided for students? \_\_\_\_\_

I understand that trip approval is not guaranteed and is subject to the availability of transportation and the availability of requested funds.

Teacher / Advisor Signature \_\_\_\_\_

Student Activity President Signature \_\_\_\_\_

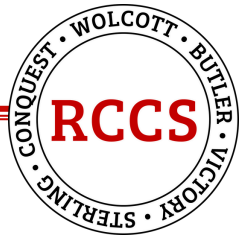
### APPROVALS:

Building Principal: \_\_\_\_\_

Assistant Superintendent for Curriculum and Instruction: \_\_\_\_\_

*(Required for Arts in Education or Grant Funding)*

Business Administrator: \_\_\_\_\_



# Red Creek Central School District

## Bus Transportation Request Form

Teacher Name: \_\_\_\_\_

Group Attending: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Transportation Expenses to be Assumed By: \_\_\_\_\_  
(District, Student Club Organization, Other Group)

Anticipated Number of Students Riding: \_\_\_\_\_

Anticipated Number of Adults Riding: \_\_\_\_\_

### IMPORTANT DETAILS:

- Date of Trip: \_\_\_\_\_
- Time of Departure from School: \_\_\_\_\_
- Address of Destination: \_\_\_\_\_
- Anticipated Time of Arrival at Destination: \_\_\_\_\_
- Pickup Point: \_\_\_\_\_
- Anticipated Time of Departure from Site: \_\_\_\_\_
- Anticipated Time of Return to School: \_\_\_\_\_
- Special Conditions (Wheelchair Lift, Luggage Rack, etc.) \_\_\_\_\_

I understand that trip approval is not guaranteed and is subject to the availability of transportation and the availability of requested funds.

\_\_\_\_\_  
Teacher / Advisor Signature

\_\_\_\_\_  
Student Activity President Signature

### APPROVALS:

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____
		Building Principal/Program Director      Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____
		Transportation Supervisor      Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____
		Business Administrator      Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____
		Superintendent      Date