BEE – BOCES Exploratory Enrichment

BOCES Exploratory Enrichment Program Request- SHARED ACTIVITY

PLEASE NOTE: Schools must reserve the date and time of the event and then submit this form. All information on this form must be completed. This form must be received by Monroe #1 BOCES as soon as you reserve the event or six weeks prior to the scheduled event, whichever comes first. A district PO must be attached with this form. PLEASE NOTE: In order for aid to be received, Exploratory Enrichment activities must be shared by a minimum of two districts with the same vendor during the school year.

School District: _____ **School:** _____

School Contact: _____ **Phone Number:** _____

Email: _____

Program Request Information:

Name of Activity/Event/Vendor: _____

SS# or Fed ID#: _____

Address: _____

Contact Person: _____ Phone Number: _____

Email: _____

PO Format:

Activity/Event/Vendor Fee: _____

15% Monroe #1 BOCES service fee: _____

TOTAL: _____

Scheduled Dates and Times

Date	Time(s)	Grade(s)	Number of Students	Number of Chaperones	Number of Sessions

Katie Bertrand, Director ● Arts in Education, School Library System & Media Services ● Technology Services - Monroe #1 BOCES ● 11 Linden Park ● Rochester, New York 14625 ● (585) 249-7219 FAX (585) 383-6498

Type of Program (check all that apply)

NYS Academic Standards		Other Instructional Programs	
English/Language Arts		Career Development	
Foreign Language		Character Education/SEL	
Health		Cooperative Extension	
Math		Estates/Gardens	
Science		Higher Education	
Social Studies/History		Historical Sites	
Technology Education		Museums	
		Zoos	

NYS Academic Standards (required)

Please detail how this program meets NYS **Academic Standards*. **PLEASE BE SPECIFIC.** *A lesson plan may be required to receive aid.

Standard	Objective(s)	Pre & Post Visit Activities

Approved:

_____ _____

Building Principal Signature or Program Director/Designee Signature Date

_____ _____

Business Office Official or Superintendent Signature Date

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