

BEE – BOCES Exploratory Enrichment



BEE Request – 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 with the vendor or **six weeks prior to the scheduled event**, whichever comes first. A district PO (for FULL amount) 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:

1) Name of Activity or Event (see list of examples below):

_____ SS# or Fed ID# _____

Address: _____

Artist/Institution Contact person at site _____ Phone number _____

Email Address: _____

Site-Based Fee: _____

Add 15% Monroe #1 BOCES service fee: _____

TOTAL: _____

Scheduled Dates and Times

Date	Time(s)	Grade(s)	Number of students	Number of sessions

***Signed approval on page 2

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Type of Program (check all that apply)

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

Date

School Business Office Official or Superintendent Signature

Date