

UPSTATE TOURS – PREPAY

BOCES Arts in Education/ Exploratory Enrichment Field Trip PROGRAM REQUEST

Program #: _____ 06/07 07/08 08/09

Schedule your field trip with Upstate Tours and gather info to complete this form.

Submit this form to generate aid through AIE or EE for the following school year.

BOCES will pay Upstate Tours for the Program Costs (museum/theatre fees) only.

School must still pay transportation and food costs for students and chaperones directly to Upstate Tours.

COMPLETE ALL 3 SECTIONS. *Submit 45 DAYS prior* to the program to:

Caren Snell, WSWHE BOCES, 27 Gick Road, Saratoga Springs, NY 12866

Tel: 518-581-3583/746-3583 Fax: 581-3589/746-3589

All requests must be in by May 1st. Faxes must be followed up by hard copy.

Please notify BOCES if the event is cancelled.

School Info	School District: _____ School Building: _____ School/District AIE/EE Liaison: _____ <small>(name of person within your school responsible for BOCES AIE/EE programs)</small> School Contact Person (if other than liaison): _____ <small>(Teacher or parent directly organizing & scheduling the program with Upstate Tours)</small> Daytime Phone: _____ E-mail: _____
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Program Info	<p>DESTINATION (CHECK ONE BOX ONLY):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bronx Zoo (EE match needed, or submit AIE lesson plan.) <input type="checkbox"/> Liberty Science Center (EE match needed) <input type="checkbox"/> Medieval Times (AIE, no match needed) <input type="checkbox"/> New England Aquarium/Whale Watch (EE match needed, or submit AIE lesson plan.) <input type="checkbox"/> Statue of Liberty/Ellis Island (AIE, no match needed) <input type="checkbox"/> Boston Museum of Science (EE match needed, or submit AIE lesson plan.) <input type="checkbox"/> Broadway Show (AIE, no match needed) Theatre: _____ Show Title: _____ <p>Other: _____</p> <p>Day of Week: _____ Month, Date: _____ Time: _____</p> <p>Grade Levels: _____ Estimated Number of Students Served: _____</p> <p>For Arts in Ed Field Trips - Arts Standard(s) Addressed by this Program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1: Creating, performing and participating in the arts <input type="checkbox"/> 2: Knowing/using arts materials/resources <input type="checkbox"/> 3: Responding to and analyzing works of art <input type="checkbox"/> 4: Understanding cultural dimensions/contributions of the arts <p>Other standards addressed: _____</p> <p>For Exploratory Enrichment Field Trips - NYS Academic Learning Standard(s) Addressed by this Program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Science 4: Students will understand and apply scientific concepts; and recognize the historical development of science <input type="checkbox"/> Science 6: Students will understand the relations and themes that connect math, science and technology <input type="checkbox"/> Social Studies 1: U.S. and NYS History <input type="checkbox"/> Social Studies 2: World History <input type="checkbox"/> Social Studies 3: Geography <input type="checkbox"/> Social Studies 4: Economics <input type="checkbox"/> Social Studies 5: Civics, Citizenship, Government <p>Other academic learning standards addressed: _____</p> <p>_____</p>
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TURN OVER TO BACK SIDE!!!!

Cost Info	<p>Program Fee (Museum/Theatre Costs only -- DO NOT INCLUDE TRANSPORTATION COSTS. ESTIMATE your Program FEES given the count of students and chaperones you have at the time you complete this form. Upstate Tours will provide your final numbers on their invoice to us - we will put these final numbers on the AIE/EE program verification form we send to you.)</p> <p>Estimated Final Cost: _____</p> <p>OPTIONAL: Initial Deposit/Final Balance Payment. Sometimes the cost of a trip needs to be paid in 2 parts: An initial deposit, followed by a balance payment later. When this is the case, complete 2 program requests: One at the time of the initial deposit, the other for the balance payment.</p> <p><input type="checkbox"/> This is for our deposit. Amount: _____</p> <p><input type="checkbox"/> This is our final balance payment. Amount: _____</p>
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Authorization REQUIRED	<p>YOUR SCHOOL ADMINISTRATOR OR PRINCIPAL OR AUTHORIZED SIGNATURE AUTHORITY We must have an ORIGINAL signature!! No photocopies.</p> <hr/> <p>PLEASE PRINT SIGNATURE Date</p>
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