

AIE PROGRAM REQUEST

Program #: _____

 09/10 10/11

For scheduling BOCES Arts in Education (AIE) Programs

COMPLETE ALL 4 SECTIONS. Submit at least 1 month 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 15. Faxes must be followed up by hard copy.**Please notify BOCES if the event is cancelled.**

School Information	School District: _____ School Building: _____
	School/District AIE/EE Liaison: _____ (name of person within your school responsible for BOCES AIE/EE programs)
	School Contact Person (if other than liaison): _____ (Teacher or parent directly organizing & scheduling the program with presenter)
	Daytime Phone: _____ E-mail: _____

Presenter Information	Name of Presenter/Organization: _____ (as it should appear on their payment check)
	Presenter's Mailing Address: _____ Phone: _____
	<u>WHERE DID YOU FIND THIS PRESENTER?</u>
	<input type="checkbox"/> AIE/EE Online Directory (www.artsinedirectory.org) <input type="checkbox"/> New Presenter/Organization - Not in Directory (needs BOCES application/approval) <input type="checkbox"/> EE presenter. Lesson Plan is attached.

Program Information	Name of Program: _____																				
	Type of Program: <input type="checkbox"/> Performance <input type="checkbox"/> Workshop <input type="checkbox"/> Multi-day Residency <input type="checkbox"/> Field Trip																				
	Program Location: <input type="checkbox"/> School Above <input type="checkbox"/> Presenter's Address Above <input type="checkbox"/> Other: _____																				
	Number of Programs: (For residencies, multiply class periods x number of days): _____																				
	<table border="1"> <thead> <tr> <th>Day of Week</th> <th>Month, Date</th> <th>Time</th> <th>Grade Level(s)</th> <th>No. of Students</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Day of Week	Month, Date	Time	Grade Level(s)	No. of Students															
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NYS Arts Standard(s) Addressed by this Program: <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																					
Total Cost of the Program (including travel & lodging for presenter if applicable) \$ _____																					

Authorization REQUIRED	YOUR SCHOOL ADMINISTRATOR OR PRINCIPAL		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">PLEASE PRINT</td> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">Date</td> </tr> </table>	PLEASE PRINT	SIGNATURE
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WHITE COPY: Send to BOCES PINK & YELLOW COPIES: School Use