



Erie 2-Chautauqua-Cattaraugus BOCES

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Cattaraugus BOCES

ARTS – IN – EDUCATION ACTIVITY PRE-APPROVAL

EACH ARTS – IN – EDUCATION ACTIVITY MUST RECEIVE PRIOR APPROVAL IN ORDER TO BE PAID THROUGH CoSer 403

NOTE: This activity pre-approval form must be completed in full and received by BOCES at least 30 days prior to the event scheduled. The designated District Arts-in-Education Contact Person must sign this approval form, no other signature is acceptable!

School District: \_\_\_\_\_

Date & Time of proposed event: \_\_\_\_\_

Location of proposed event: \_\_\_\_\_

Name of Artist/Organization: \_\_\_\_\_

Name of Vendor (if different from Artist/Organization): \_\_\_\_\_

Name of Program/Activity: \_\_\_\_\_

Address of Artist/Organization: \_\_\_\_\_  
\_\_\_\_\_

Address of Vendor (if different from Artist/Organization): \_\_\_\_\_

Phone and Fax numbers of Artist/Organization: \_\_\_\_\_

Phone and Fax numbers of Vendor (if different from Artist/Organization): \_\_\_\_\_

Cost per Person: \_\_\_\_\_ Number of paid Tickets: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Please write a brief description about the above program request and how it is related to your school's ARTS CURRICULUM objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the Arts Standard(s) for the program (please check all that apply)

1.  Creating, performing and participating in the arts
2.  Knowing and using arts materials and resources
3.  Responding to and analyzing various works of art
4.  Understanding the cultural contributions of the arts

**Type of activity (please check all that apply)**

**In-School Activity**

- Performance
- Workshop
- Residency
- Other (specify)

**Out-of school Activity**

- Tour
- Tickets
- Field trip
- Other (specify)

**Art Forms**

- Music
- Dance
- Visual Arts
- Drama
- Storytelling
- Interdisciplinary
- Other (specify)

**\*\*NOTE – SED regulations require that schools use district funds for transportation to out-of school arts related activities.**

**For projects over \$5000, attach a separate written proposal including the proposed budget.**

**For all projects, complete the following:**

Name of Educational Contact Person for this event: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

Name of designated District Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

District Contact approving signature/date: \_\_\_\_\_

**For B.O.C.E.S. use only:**

This activity is recommended as:

- an approved aidable CoSer 403 activity for this District.
- an approved aidable CoSer 403 activity for this District with the following limitations:

\_\_\_\_\_

\_\_\_\_\_

- unapproved CoSer 403 activity for this District.

BOCES approving signature/date \_\_\_\_\_

eMail the completed form to:

**Robin Brown**, Director of Instructional Support Services  
 or **Tess Schmigel**, secretary to the Director of ISS  
 Erie 2 –Chautauqua – Cattaraugus BOCES  
 LoGuidice Educational Center  
 9520 Fredonia – Stockton Rd.  
 Fredonia, NY 14063  
 716-672-4371 x 2015 Fax: 716-672-2393 [tschmigiel@e2ccb.org](mailto:tschmigiel@e2ccb.org)