

SCHOOL DISTRICT REQUEST FOR SERVICES 2023 – 2024

This approved form should be received by BOCES at least 4 weeks prior to the start date of the program, trip or payment deadline.

BOCES Contract # _____

Reserve the date, time, and fee of the activity or event, then complete this form and submit for approvals. Contact us immediately if your program is canceled or rescheduled. Cancellation fees are non-refundable. This is a shared Coser, which means that a program must be used by more than one district to be aidable.

June requests are due no later than May 25, 2024

COMPLETE ALL SECTIONS

DISTRICT / SCHOOL DETAILS

District _____	School _____
Person Who Arranged the Program _____	
Phone _____	Email _____
School Contact _____	
Phone _____	Email _____

VENDOR / ORGANIZATION DETAILS

Name of Facility _____	Contact Person _____
Address _____	Phone _____
City / State / Zip _____	Alt. Phone _____
Email _____	Website _____

PROGRAM DETAILS

Field Trip (Day)
 Field Trip (Overnight)
 Include Vendor Invoice for ALL Field Trips

In-School
 Virtual*
 Check to confirm classroom teacher will be present during the entire program
 Staff Development

Program Title _____ Grade Level (s) _____

Name of Presenter _____

Is the Presenter Fingerprinted?
 Yes
 No

A presenter having direct contact with students or a guest presenter working 5 times or more in a district is required to have NYSED fingerprint clearance. For information, click "FINGERPRINTING" to visit the NYSED website.

PROGRAM DESCRIPTION

Program Start Date _____	Program End Date _____	Total # of Days _____
# of Programs _____	Rate per Program _____	Total Program Cost _____
# of Students _____	Rate Per Student _____	Total Student Cost _____
# of Chaperones* _____	Rate Per Chaperone _____	Total Chaperone Cost _____
*We can process 1 chaperone per 6 students		Additional Costs _____
Cost should not include food or transportation		Total Program Cost _____

By processing the Center for Environmental Education Request Form with PNW BOCES, this program is eligible for COSER State Aid. A 17% BOCES coordination fee is added to the service contract, and is included in the aid calculations.

Approval Signature of School Principal/Administrator, if Required _____

Print Name _____

Date _____

Approval Signature of District Superintendent/Designee _____

Print Name _____

Date _____

Email Approved CEE Request Form to: Stacy Chryssikos, Program Coordinator

schryssikos@pnwboces.org | Phone: 914.248.2349 | Fax: 914.248.2390

Putnam | Northern Westchester BOCES | 200 BOCES Drive | Yorktown Heights, NY 10598-4399