



PROGRAM REQUEST FORM 2018 – 2019

For Visiting Artists/ Field Trips/ Theatre Tickets/ Arts Participation Fees

BOCES Contract # _____

TO USE

(For BOCES use only)

Contact the artist. Complete and return this form at least 4 Weeks prior to the start date of the program or payment deadline.

NOTE

For Field Trips, Theatre Tickets, Arts Participation Fees, the Invoice MUST BE attached to this Request.

Contact us if your program is cancelled or rescheduled. June requests are due no later than May 24, 2019

~ Complete All Sections ~		Date _____
District _____	School _____	
District Arts Representative _____		
Phone _____	Email _____	
Person Who Arranged The Program _____		
Phone _____	Email _____	

Is Artist <input type="checkbox"/> On File at PNW BOCES?	<input type="checkbox"/> New Artist/Organization?	If new, provide EIN or SS # _____
Artist _____		Organization _____
Title of Program or Performance _____		
Address _____	Home Phone _____	
City/State/Zip _____	Cell Phone _____	
Email _____	Website _____	Work Phone _____
Is this Artist Fingerprinted? <input type="checkbox"/> YES <input type="checkbox"/> NO **		

An artist having direct contact with students OR a guest lecturer or performing artist working 5 times or more in a district is required to be fingerprinted & cleared PRIOR to a start date. For more information, go to **"FINGERPRINTING"

~ Check All that Apply to In-School and Out-of-School Programs ~		Grade Level(s) _____
In School - <input type="checkbox"/> Performance <input type="checkbox"/> Workshop <input type="checkbox"/> Residency <input type="checkbox"/> Presentation	# of Students _____	
Program Location - <input type="checkbox"/> School Building Listed Above <input type="checkbox"/> Other Location _____		
Out-of-School - <input type="checkbox"/> Field Trip <input type="checkbox"/> Tickets <input type="checkbox"/> Participation Fee		
Include Vendor Invoice with Request for Field Trips, Tickets to Shows, Or Participation Fees. These are Paid in Advance with Invoice.		BOCES will not pay for transportation, food, or lodging. Do not pay vendor directly ~ We cannot reimburse you.

Program Date (MM/DD/YY) For residencies-Start & End Dates only	Day(s) of the Week	Program Fee per Day/Hour Session/Performance or Ticket Cost	Total # of Days/Hrs/ Sessions/Performances or # of Tickets	Total Program Fee or Total Ticket Cost
<i>Example:</i> (10/05/16 – 11/04/16)	<i>Ex:</i> (Wednesday)	<i>Ex:</i> (\$125/Session)	<i>Ex:</i> (10 Sessions)	<i>Ex:</i> (\$1250)
Total Program / Ticket Cost				

~ YOU MUST COMPLETE NEXT PAGE FOR PROGRAM APPROVAL~



~ **NYS Arts Standards** ~

Arts Discipline ✓ Check One <i>*required</i>				
<input type="checkbox"/> DA-Dance	<input type="checkbox"/> MA-Media Arts	<input type="checkbox"/> MU-Music	<input type="checkbox"/> TH-Theatre	<input type="checkbox"/> VA-Visual Arts

For each Artistic Process box chosen, check at least one corresponding Anchor Standard plus any other applicable box

Artistic Process	Anchor Standards		
✓ Check All That Apply <i>*required</i>	✓ Check The Corresponding Box <i>*required</i>		
<input type="checkbox"/> CR Creating - Conceiving and developing new artistic ideas and work.	<input type="checkbox"/> 1. Generate and conceptualize artistic ideas and work.	<input type="checkbox"/> 2. Organize and develop artistic ideas and work.	<input type="checkbox"/> 3. Refine and complete artistic ideas and work.
<input type="checkbox"/> PR Performing - Music-Dance-Theatre Presenting - Visual Arts Producing - Media Arts	<input type="checkbox"/> 4. Analyze, interpret, and select artistic work for presentation.	<input type="checkbox"/> 5. Develop and refine artistic techniques and work for presentation.	<input type="checkbox"/> 6. Convey meaning through the presentation of artistic work.
<input type="checkbox"/> RE Responding - Understanding and evaluating how the arts convey meaning.	<input type="checkbox"/> 7. Perceive and analyze artistic work.	<input type="checkbox"/> 8. Interpret intent and meaning in artistic work.	<input type="checkbox"/> 9. Apply criteria to evaluate artistic work.
<input type="checkbox"/> CN Connecting – Relating artistic ideas/work with personal meaning and external context.	<input type="checkbox"/> 10. Synthesize and relate knowledge and personal experiences to make art.	<input type="checkbox"/> 11. Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding.	

For details, visit the [New York State Learning Standards for the Arts](#)

Describe how this program will support your school's arts goals and/or arts curriculum objectives. Your description must support the [New York State Learning Standards for the Arts](#).

Only signed and approved program request forms with signatures will be processed.

APPROVED: _____
Signature of School Principal/Administrator, if required _____ *Date*

APPROVED: _____
Signature of Superintendent or District's Arts-in-Education Representative _____ *Date*

Submit Approved Arts Request Form To
Stacy Chryssikos, Arts-in-Education Coordinator
 Putnam | Northern Westchester BOCES | 200 BOCES Drive | Yorktown Heights, NY 10598-4399
 PHONE: 914/248-2349 FAX # 914/248-3838 – or – 914/248-2390
schryssikos@pnwboces.org Visit our [ARTS IN EDUCATION WEBSITE](#)

