

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
SOLE SUPERVISORY DISTRICT  
FRANKLIN-ESSEX-HAMILTON COUNTIES

**Arts-In-Education Activity Form**

BOCES operates a shared service designed to integrate the arts into education. Individual activities must include music, drama, dance, writing, visual arts, or media arts. Staff development related to a specific arts activity may also be provided. **The description below must indicate the New York State Learning Standards for the Arts connection or it cannot be processed.\*\***

Please Note: As required by SED regulations, schools must use district funds for transportation to out-of-school arts related activities.

**INSTRUCTIONS:** Please print or type to complete the starred (\*) items. Please return completed form along with a quote from the vendor to:

Carol Burgess at [cburgess@fehb.org](mailto:cburgess@fehb.org).

Please be sure to allow time for FEH to create a purchase order, send to organization proposed and receive proper return notification.

\*ARTIST/PERFORMER'S NAME/AGENCY: \_\_\_\_\_

\*ARTIST'S ADDRESS: \_\_\_\_\_

\*PHONE# \_\_\_\_\_ \*EMAIL: \_\_\_\_\_

\*PERFORMANCE DESCRIPTION (MUST BE AN ACTUAL DESCRIPTION OF WHAT THE PERFORMANCE ENTAILS):

Students will participate in a virtual tour of The Franklin County Historical Museum. The tour is entitled "My

Great-Great Grandmother's Kitchen". This meets NY Art Standards: Standard 2 in that students will learn about local history as well as discuss objects of personal significance (rth, VA:Cr2.3.4), Analyze how technologies

have affected the preservation of artwork(4th:VA:Pr4.1.4) & answer the essential Questions in Standard 6:

What is the function of museums that display art work? How do artifacts cultivate appreciation? \_\_\_\_\_

\*DATES OF PERFORMANCE \_\_\_\_\_

NUMBER ATTENDING:

\*ADULTS: \_\_\_\_\_ \*STUDENTS: \_\_\_\_\_

\*DISTRICT/BUILDING/CLASS: \_\_\_\_\_

\*SPONSOR

\*SPONSOR TEACHER

TEACHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY BOCES OFFICE ONLY**

DATE RECEIVED FROM SPONSOR TEACHER: \_\_\_\_\_ COST OF PERFORMANCE:\$ \_\_\_\_\_

DISTRICT ADMINISTRATIVE APPROVAL:

DISTRICT APPROVER NAME/TITLE: \_\_\_\_\_

SIGNATURE

DATE

DATE FINAL APPROVED FORM RECEIVED BY BOCES: \_\_\_\_\_ (PND - \_\_\_\_\_)