



Student Programs

CA BOCES Instructional Support Services Authorization for Participation

CoSer 402 – Exploratory Enrichment
(Must address Learning Standards)

CoSer 403 – Performing Arts
(Must address Arts Standards)

PLEASE PRINT LEGIBLY

SCHOOL DISTRICT			
SCHOOL BUILDING			
DISTRICT CONTACT PERSON		PHONE #	
NAME of PERFORMANCE or EVENT			
NAME of ARTIST or VENDOR			
PERFORMANCE or EVENT Location			
DATE(S) of PERFORMANCE or EVENT			
# STUDENTS		# CHAPERONES	
TOTAL # PEOPLE ATTENDING		GRADE LEVEL	
LESSON PLAN COMPLETED			
TOTAL COST \$			

<i>DISTRICT ADMINISTRATOR NAME</i>	
<i>ADMINISTRATOR SIGNATURE</i>	
<i>DATE</i>	

Please send completed form to sara_benjamin@caboces.org
At least 6 weeks prior to the date of the performance or event.