

Cayuga-Onondaga BOCES

Distance Learning Network

Educational Enhancement Activities Form

Required Fields are in Red

Program Information: (to be completed by Requestor)			
Requestor:			
Title:			
School:			
E-Mail Address:			
Receive Site – Check Box for Location to Receive			
Cato-Meridian	<input type="checkbox"/>	Southern Cayuga	<input type="checkbox"/>
Auburn	<input type="checkbox"/>	Union Springs	<input type="checkbox"/>
Moravia	<input type="checkbox"/>	Weedsport	<input type="checkbox"/>
Port Byron	<input type="checkbox"/>	Cayuga-Onondaga BOCES	<input type="checkbox"/>
Field Trip Title:			
Provider:			
Preferred Dates:	1.	2.	3.
Preferred Times:	1.	2.	3.
Number of Participants:			
Grade/Ages of Participants:			
Funding Information: (to be completed by Cayuga-Onondaga BOCES)			
Program Fee:			
Connection Fee:			
ISDN Fee: (Per Hour)		\$22.00	
Total Fee:			
Authorization Information: (to be completed by Business Official)			
School District:			
School Building:			
Name:			
Title:			
Signature:		Date:	