

Second Supervisory District – Suffolk County 507 Deer Park Road, PO Box 8007 Huntington Station, NY 11746-9007 Phone: 631/549-4900 Fax: 631/623-4996

CROSS CONTRACT
FOR
BOCES SERVICES

PART I: To be completed by district requesting cross contract	
School District requesting service:Address:	
Name of Service requested: <u>NYSSEF</u>	CO-SER # <u>A402.014</u>
Name of Student (if applicable):	Option:
Start Date:End Da	ate (if known):
Potential BOCES Provider: Western Suffolk BOCES	Estimated Cost:
School Superintendent Signature	Date
FORWARD TO LOCAL BOCES DISTR	RICT SUPERINTENDENT
PART II: To be completed by local BOC	ES District Superintendent
It is requested that cross-contract arrangements be made withBOCES to provide the service listed above.	
	Date
Local BOCES District Superintendent Signature	
Local BOCES name and address:	
	Zip:
FORWARD TO DISTRICT SUPERINTENDENT OF BOO	CES REQUESTED TO PROVIDE SERVICE
PART III: To be completed by BOCES District Superinte	endent providing cross-contracted service
Service Title	CO-SER #
Activity Code #	Estimated Charge:
District Superintendent Signature of providing BOCES	Date:
After approval, distribute completed and sig	med copies of this form to:
	c: Requesting School District Goldenrod: Local BOCES