



Educational Services That Transform Lives

**Cross Contract for
BOCES Services**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

This form is to be used by school districts to request BOCES services from a BOCES other than the local BOCES.

Part I - To be Completed by School District Requesting Cross Contract

Date ____ / ____ /20 ____

School District Name _____ Service for School Year 20 ____ - 20 ____

Address _____
Street Address City State Zip

Name of Service Requested _____

Potential BOCES Provider _____ Estimated Cost \$ _____

Signature of School District Superintendent

Date

Forward to local BOCES District Superintendent.

Part II - To be Completed by Local BOCES District Superintendent

It is requested that cross contract arrangements be made with _____
BOCES to provide the service listed above.

Signature of Local BOCES District Superintendent

Date

Local BOCES Name _____

Address _____
Street Address City State Zip

Forward to District Superintendent of BOCES requested to provide service.

Part III - To be Completed by District Superintendent of BOCES Providing Cross Contracted Service

Service Title _____ Co-Ser No. _____

Activity Code No. _____ Estimated Charge \$ _____

Signature of District Superintendent of BOCES Providing Service

Date