



**DO NOT COMPLETE REPORT IF STUDENT ONLY RECEIVED BOCES SERVICES**

**PART II. For BOCES Providers - (Complete Parts I and II)**

Title of Program: \_\_\_\_\_

- A. Basic Tuition \$ \_\_\_\_\_
- B. Aide (1:1) \$ \_\_\_\_\_
- C. Related Service Total from Part I. \$ \_\_\_\_\_
- D. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**PART III. For School District Providers – (Complete Parts I and III)**

Class Ratio: Stated Ratio: \_\_\_\_\_ Actual # of Students in Class: \_\_\_\_\_  
(Example: 8:1:1)

- A. Professional Salary \$ \_\_\_\_\_
- B. Nonprofessional Salary \$ \_\_\_\_\_
- C. Supplies and Equipment \$ \_\_\_\_\_
- D. Fringe Benefits \$ \_\_\_\_\_
- E. Related Service Total from Part I. \$ \_\_\_\_\_
- F. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**SIGNATURES REQUIRED:**

_____	_____	_____	_____
Business Official or Superintendent	Title	Phone #	Date
_____	_____	_____	_____
CSE Chairperson	Title	Phone #	Date
_____	_____	_____	_____
Person Completing this Form	Title	Phone #	Date