



Exploratory Enrichment

Verification of In-School Program

Name of School: _____ District _____

Please select the proper category and provide the necessary information to verify that the following program(s) took place.

Program based on per student charge.

Date of Program	Program Name	How many students?	How many adults?

Program based on number of times this presentation was given in your district.

Date of Program	Program Name	How many times was presentation given?

Authorized by: _____

Date _____

Print Name _____

Signature _____

Phone _____

Email _____



Exploratory Enrichment Program

Phone: 631-360-3652

FAX: 631-623-4912

Email: punger@wsboces.org