

Oak Street Parent Teacher Organization, Inc.
70 West Oak Street
Basking Ridge, NJ 07920

Curriculum Enhancement Program

Please fill out the following application in its entirety and email to Dr. Costa. Applications should be emailed to Dr. Costa by October 15 for programs being held in January through June and May 15 for programs being held in September through December. Type in the grey fields and use the mouse or the tab key to move to the next form field.

If pre-approved, Dr. Costa will email the application to the Committee Chair – Curriculum Enhancement (dan.alyson@verizon.net). You will be notified of approval or denial by the Committee Chair. If approved, the Committee Chair will schedule the program based on the dates and times given below. Please feel free to attach additional pages or documents to illustrate your proposal.

Date: _____

Teacher(s): _____

Grade: _____

Program Title: _____

Length of Program: _____

Number of Presentations Needed: _____

Contact Name: _____

Phone: _____

Address: _____

Email: _____

Brief description of proposed program: _____

Describe how the program enhances your current curriculum: _____

Program cost: \$ _____

Provide details on the following so the program can be scheduled when it supports the curriculum and fits in the students' schedule:

Month(s): _____ Day(s) of Week or Date: _____ Time of Day: _____

Indicate where program will be presented (e.g., Auditorium, classroom): _____

Additional information included? _____ If yes, insert text here: _____

Do not type below this line

Date Application Received: _____

Dr. Costa's Approval: _____ Date: _____

PTO CE Approval: _____ Date: _____ Program Date/Time: _____

Teacher Notified of Approval: _____ Date: _____

Funds Dispersed: _____ Check Number: _____ Date: _____