## **NDHSAA Coop Application**

Please review coop guidelines prior to beginning the application process.

This single form is to be us application will be accepted entering the required informust be used for gender specific stress.	d and presented mation. Each sch	to the NDHS lool must pr	SAA Board of ovide an office	Directors only to	upon all schools
If approved, this coop would	Pe102 10 Eas				
Grades involved with this a	ipplication: Pleas	e check one	e. (7-8) (	7-12) _X (9-	12) 100 COUR IN FIRE
Name of schools involved					
	Enrollments for grades involved				
1Glen Ullin		7-8	7-123	7 9-12	
2. Hebron					
3.					
4.					
5.					
Fill in the current participati sponsor (DNS) this activity  School #1: (7-8)	the previous yea	r. Boys and	l girls enrollm	nents are combi	
School #2: (7-8)					
School #3: (7-8)					
School #4: (7-8)					
School #5: (7-8)					
0011001 #0. (1-0)	(/-/2)	_ (0^12)	DNO		
Fill in next year's projected enrollments may be combined			ch grade for	each school invo	olved: Boys and girls
School #1: (7-8)	(7-12)2	_ (9-12)			
School #2: (7-8)	(7-12)8_	(9-12)			
School #3: (7-8)	(7-12)	_ (9-12)			
School #4: (7-8)	(7-12)	(9-12)			
School #5: (7-8)	(7-12)	(9-12)			

In the space provided, please list the reasons for re-	questing this coop	application:
Glen Ullin has not sponsored cross country until th	is year. We would	like to give our participants the
opportunity to compete as a team. We do not have	enough participan	ts currently to compete as a team.
We are cooped in four other sports , and this would	be a natural progr	ession if we have athletes interested
in the future.		
If approved, will this coop affect other schools: pleas	se circle: (Yes) (N	o) If yes, how?
Is this the nearest opportunity for schools to coop? If No, Please indicate why closer school(s) are not in		es) (No) lication.
Has displacement of student been considered by ea	ch school? (Vos)	(No)
Is the reason for this application to improve competition	•	•
This coop is to make participation available. Glen		•
team. We would like to offer this sport and hopefully		
team. We would like to oner this sport and hopefully	grow our combine	ou program.
Other information that be useful for the NDHSAA Bo	ard of Directors in	reaching a decision:
Required Signatures		000
School #1:	_ Superintendent.	Date:
School #2: Myon Schriff	_ Superintendent.	Date: 9-23-22
School #3:	_ Superintendent.	Date:
School #4	_Superintendent.	Date:
School #5	_Superintendent.	Date:
NDHSAA Board Action: Signed		Date: