NDHSAA Coop Application

Please review coop guidelines prior to beginning the application process.

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This single form is to be used by all schools application will be accepted and presented entering the required information. Each sol must be used for gender specific athletics.	to the NDHS. hool must pro	AA Board of Direc vide an official sic	itors only upon all mature. Separate	schools applications .No FEE-SUBMITTED	BeF
If approved, this coop would begin in school	l vear: 20	15-2016		end or sexten)	
Grades involved with this application: Pleas			Y (9-12)	· Current coop;	
Name of schools involved in this application	n: Host schoo	ol must be listed fi	rst.	MIDKOTA 193 HOPE-PAGE 'IL	
•	Enro	Ilments for grades	<u>involved</u>		
1. Griggs County Center 2. Finley-Shavon	a/7-8	7-12 95	9-12		
2. Finley-Sharon	7-8	7-12	9-12		
3.	7-8		9-12		
4					
5					
List official coop name: Criefs (our Coop name and mascot must be the same Fill in the current participation numbers for a sponsor (DNS) this activity the previous year	each grade fo	r each school invo	alved: Indicate if w	rote did wat	
			ire combined only	for fine arts.	
School #1: (7-8) (7-12) 9					
School #2: (7-8) (7-12)		·			
School #3: (7-8) (7-12)					
School #4: (7-8) (7-12)					
School #5: (7-8) (7-12)	_ (9-12)	_ DNS			
Fill in next year's projected participation num enrollments may be combined for fine arts o	nbers for eacl nly.	n grade for each s	chool involved: Bo	ys and girls	
School #1: (7-8) (7-12)	_ (9-12)	_	1		
School #2; (7-8) (7-12)			•		
School #3: (7-8) (7-12)		•			
School #4: (7-8) (7-12)					
School #5: (7-8) (7-12)		X.			

In the space provided, please list the reason	s for reques	ling this coop a	pplication	on:		
Our participation Num	hers f	ave de	cline.	d Hu	e	PasŁ_
four years. We would	d lite	e the	OPPA	Lunity	to	5/11/
Our participation sum few years. We would have Students particip	ate.			· /		
1						
		مهير ده د	J."			
If approved, will this coop affect other school	is: piease cir	cle: (Yes (No	y It yes,	, how'?		
Is this the nearest opportunity for schools to						
If No, Please indicate why closer school(s) a	re not includ	led in this appli	cation.			
			· · · · · · · · · · · · · · · · · · ·			
Has displacement of student been considered	ed by each s	chool? (Yes)	(No)			
Is the reason for this application to improve				ation availa	able. E	xplain:
Make Participation available						
Other information that be useful for the NDH	SAA Board	of Directors in	reaching	j a decisio	n:	
	··· · · · · · · · · · · · · · · · · ·					
			<u>-</u>			
Required Signatures;				-/	/ -	
School #1:	Sı	perintendent.	Date: _	5/26/	15	
and the state of t		,		· ', ',		
School #2: Aff M. James	Sı	perintendent.	Date: _	<u>ו ואוןכ</u>	<u>'S</u>	`
School #3:	St	perintendent.	Date: _	·		
	_					
School #4	St	iperintendent.	Date: _	····		
School #5	Sı	iperintendent.	Date: _	·		
NDHSAA Board Action:	Sianed:			Date:		

Approved: January 23, 2009---latest review: October 8, 2009