NDHSAA Coop Application

Please review coop guidelines prior to beginning the application process.

This single form is to be used by all schools involved in this cooperative sponsors	hin application. This
application will be accepted and presented to the NDHSAA Board of Directors on	Myses ellesters
entering the required information. Each school must provide an efficient	y upon all schools
entering the required information. Each school must provide an official signature.	Separate applications
must be used for gender specific athletics. Fine arts are not gender specific.	IND FEE-DAS
	100 LEE - 040 2

				·NO FEE-DWS
If approved, this coop would begin in	n school year: 🍂	017-2018	,	· No Coops IN Forces
Grades involved with this application				,
Name of schools involved in this app	olication: Host school	ol must be liste	d first	
_		ollments for gra		
1. Burke Centr	Ol 7-8	7-12_ <i>5</i> _2	9-12	
2. Kenmare	7-8	7-12 12L	9-12	<u></u>
3	7-8	7-12 _	9-12	
4	7-8	7-12	9-12	
5.	7-8	7-12	9-12	_
Activity covered by this application: (List official coop name: Purke Cont Coop name and mascot must be the Fill in the current participation number sponsor (DNS) this activity the previo	YOL, Kenmare, Ma same as other cool	SCOLOLINGAMAR os if the same s	ne: <u>fand</u> schools are inv	hers rolved.)
School #1: (7-8) (7-12)) 2 (9-12)	DNS		
School #2: (7-8) (7-12)	(9-12)	DNS		
School #3: (7-8) (7-12)) (9-12)	DNS		
School #4: (7-8) (7-12)	(9-12)	DNS		
School #5: (7-8) (7-12)	(9-12)	 _ DNS		
91 5				

Fill in next year's projected participation numbers for each grade for each school involved: Boys and girls enrollments may be combined for fine arts only.

School #1: (7-8) (7-12) (9-12)
School #2: (7-8) (7-12) (9-12)
School #3: (7-8) (7-12) (9-12)
School #4: (7-8) (9-12)
School #5: (7-8) (9-12)

BURKE CENTRAL SCHOOL KENMARE SCHOOL

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BURKE CENTRAL SCHOOL

In the spage provided, please list the reasons for requesting this coop application: If approved, will this coop affect other schools: please circle: (Yes) (No)) If yes, how? is this the nearest opportunity for schools to coop? please circle: (Yes) (No) If No, Please indicate why closer school(s) are not included in this application. Has displacement of student been considered by each school? (Yes) (No) is the reason for this application to improve competition levels or make participation available. Explain: Other Information that be useful for the NDHSAA Board of Directors in reaching a decision: Required Signatures: School #1; Superintendent. Date: 4 Superintendent. Date: 4/12/17 School #3: Superintendent. Date: School #4 Superintendent Date: SuperIntendent. Date: NDHSAA Board Action: _____ Signed: _____ Date: _____