NDHSAA Coop Application

Please review coop guidelines prior to beginning the application process.

In the space provided, please list the reasons for requesting this coop application: We have low ever thronk numbers and have		
	umbers.	
If approved, will this coop affect other so	nools: please circle: (Yes) (No) If yes, how?	
Is this the nearest opportunity for school if No. Please indicate why closer school	s to coop? please circle: (Yes) (No) s) are not included in this application.	

Has displacement of student been considered to the reason for this application to improve the student been considered to the	lered by each school? (Yes) (No) ve competition levels or make participation available. Explain: patton available, we will be ald	<u>ر</u> د_
to field a teun	7 ,	
	DHSAA Board of Directors in reaching a decision:	
Required Signatures: School #1: School	SuperIntendent, Date: 2/15/18	
School #2: ory Seck	Superintendent: Date: 2/20/18	
School #3:	Superintendent, Date:	
School #4	Superintendent, Date:	
School #5	Superintendent. Date:	
NDHSAA Board Action:	Signed:Date:	,