NDHSAA Coop Application

Please review coop guidelines prior to beginning the application process.

School #5: (7-8) _____ (7-12) ____ (9-12) ____

		-	_		-			
application entering th	n will be accepte ne required infor	ed and pre mation. E	esented to the leach school mi	NDHSAA Board	d of Directors official signatu	orship application. only upon all scho re. Separate appl	ols	
If approve	d, this coop wοι	ıld begin i	n school year:	2020-21		<u></u>	Coop po Food	
Grades inv	volved with this	applicatio	n: Please chec	k one. (7-8)	_ (7-12)	(9-12)X_		
Name of s	chools involved	in this ap	plication: Hos	t school must be	e listed first.			
	<u>Enrollm</u>			Enrollments for	nents for grades involved			
1.	West Fargo Sh	eyenne H	ligh School 7-8	37-12 _	9-12	1548		
2.	West Fargo Ho	race High	School 7-8	7-12 _	9-12	<u>126</u>		
3.			7-8	7-12	9-12	-		
4.			7-8	7-12	9-12			
5.			7-8	7-12	9-12			
Fill in the c	current participa	tion numb	ers for each gi		chool involved	are involved.) Indicate if you dombined only for f		
Sch	nool #1: (7-8)	(7-1	2) (9-1	2) DNS _	46			
Sch	nool #2: (7-8)	(7-1	2) (9-1	2) DNS	X			
Sch	nool #3: (7-8)	(7-1	2) (9-1	2) DNS				
Sch	nool #4: (7-8)	(7-1	2) (9-1	2) DNS				
Sch	nool #5: (7-8)	(7-1	2) (9-1	2) DNS				
	year's projected s may be comb			or each grade f	or each schoo	ol involved: Boys a	and girls	
Sch	nool #1: (7-8)	(7-1	2) (9-1	2) _46				
Sch	nool #2: (7-8)	1 (7-1	2) (9-1	2) _3				
Sch	nool #3: (7-8)	(7-1	2) (9-1	2)				
Sch	nool #4: (7-8)	(7-1	2) (9-1:	2)				

In the space provided, please list the reasons	for requesting this coop application:	
This request is being made due to the fact that	t Horace High School will only have 9 th grade s	students in the
2020-21 school year and projected participation	on numbers would not be sufficient to support a	a program.
If approved, will this coop affect other schools	: please circle: (Yes) (No) If yes, how?N	10
Is this the nearest opportunity for schools to c If No, Please indicate why closer school(s) areYES	e not included in this application.	
Has displacement of student been considered is the reason for this application to improve co	by each school? (Yes) (No) - YES empetition levels or make participation available	e. Explain:
Make Participation Available		
The request for this application is to provide a	n opportunity for 9 th grade student to participate	e. Horace
	2020-21 school year limiting the opportunity to	
or begin the program at this time.		
Other information that be useful for the NDHS	AA Board of Directors in reaching a decision:	
Required Signatures:		
School #1: Beth Slett	Superintendent. Date: <u>3/11/30</u>	- - 1765-4
School #2: But Slette	Superintendent. Date: <u>3///30</u>	
School #3:	Superintendent. Date:	505 (PA 500 - /
School #4	Superintendent. Date:	,
School #5	Superintendent. Date:	
NDHSAA Board Action:	Signed: Date	

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