

In the space provided, please list the reasons for requesting this coop application:

St. Alphonsus has been in a previous JH cooperative with Langdon Area, we are requesting the expansion to
a 7-12 cooperative, so their athletes may be able to participate at the HS level.

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:

The application is to make participation available for St. Alphonsus students.

Other information that be useful for the NDHSAA Board of Directors in reaching a decision:

Required Signatures:

School #1: Mark Ward Superintendent. Date: 4/4/16

School #2: Sherr, Ed.D. Superintendent. Date: 4-4-16

School #3: _____ Superintendent. Date: _____

School #4 _____ Superintendent. Date: _____

School #5 _____ Superintendent. Date: _____

NDHSAA Board Action: _____ Signed: _____ Date: _____