

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 sponsorship application. This application will be accepted and presented to the NDHSAA Board of Directors only 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.

- NO FEE- DNS
- CORREAST 7-12 COOP
- JAMESTOWN
- VILLET CITY '85
- GRISS CO. '13
- ST. JOHN'S ACADEMY '22

If approved, this coop would begin in school year: 2022-2023

Grades involved with this application: Please check one. (7-8) ___ (7-12) ___ (9-12) **XXX**

Name of schools involved in this application: Host school must be listed first.

Enrollments for grades involved

	7-8	35	7-12	111	9-12	76
1. Barnes County North	7-8	35	7-12	111	9-12	76
2. <u>JAMESTOWN</u>	7-8		7-12		9-12	
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: GIRL'S HOCKEY

List official coop name: JAMESTOWN Mascot or nickname: BLUE JAYS
 (Coop name and mascot must be the same as other coops if the same schools are involved.)

Fill in the current participation numbers for each grade for each school involved: Indicate if you did not sponsor (DNS) this activity the previous year. Boys and girls enrollments are combined only for fine arts.

School #1: (7-8) _____ (7-12) _____ (9-12) _____	DNS XXX
School #2: (7-8) _____ (7-12) <u>17</u> (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 _____

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) <u>1</u> (9-12) <u>1</u>
School #2: (7-8) _____ (7-12) <u>16</u> (9-12) _____
School #3: (7-8) _____ (7-12) _____ (9-12) _____
School #4: (7-8) _____ (7-12) _____ (9-12) _____
School #5: (7-8) _____ (7-12) _____ (9-12) _____

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

Allow BCN students access to a Hockey program.

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: (No) (Yes)
If No, Please indicate why closer school(s) are not included in this application.

Has displacement of student been considered by each school? (No) (Yes)

Is the reason for this application to improve competition levels or make participation available. Explain:

MAKE PARTICIPATION AVAILABLE TO BCN STUDENTS

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

Required Signatures:

School #1: Michael A Swanson Superintendent. Date: 11/17/21

School #2: [Signature] Superintendent. Date: 12-21-21

School #3: _____ Superintendent. Date: _____

School #4 _____ Superintendent. Date: _____

School #5 _____ Superintendent. Date: _____

NDHSAA Board Action: _____ Signed: _____ Date: _____