

DATE:
HOST SCHOOL:
SUBJECT:

OPPONENT APPROVAL FORM FOR NEW CO-OPS



AND AND
Host City, then School Sub City, then School Sub City, then School

AND AND
Sub City, then School Sub City, then School Sub City, then School

The above schools are seeking approval for formation of a new co-op in

FOR THE AND SCHOOL YEARS.
Activity Starting School Year Ending School Year

**SCHOOLS OFFERING THEIR APPROVAL OF THE
FORMATION OF THE CO-OP SHOULD COMPLETE
THE FIELDS BELOW.**

By signing below, I acknowledge that our school approves the formation of the above schools.

Approving School Name:

Name and Title of School Administrator:

Signature of School Representative:

Date: