



COOPERATIVE AGREEMENT SCHOOL DISTRICTS TRANSPORTING STUDENTS

Department of Career and Technical Education
SFN 50280 (10/03)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Host School District	July 1, _____ to June 30, _____
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Sending School District

CTE Programs	Numbers of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
				Total Cost	Rate	CTE Reimbursement

The signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.

Signature of authorized official of applicant organization verifies that the applicant has the necessary legal authority to apply for and to receive funding for the proposed activity.

The information provided accurately describes the proposed cooperative arrangement and is agreed to by both school districts.

Administrator of Host School	Signature	Date
Administrator of Sending School	Signature	Date

STATE USE		
Approved Disapproved Deferred Action	Signature of CTE Administrator	Date

CLAIM FOR REIMBURSEMENT FOR SENDING SCHOOL

CTE Programs	Numbers of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
				Total Cost	Rate	CTE Reimbursement
TOTAL						

I certify that the information is factual, complete and can be substantiated.

Signature of Sending School Administrator	Date	CTE Approval	Date
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Retain a copy for your records.