



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Request for Document Approval by Legal Services

DIRECTIONS: Please allow two weeks for review and approval. **DO NOT** use "ASAP" for a required date. A specific due date is required. Your document may be returned for failure to complete the information below.

Date Submitted: 09 / 19 / 2005 Number of Copies Submitted: 3

Name of Document: Cooperative Agreement with Fort Lauderdale Hospital

School/Department Submitting: Exceptional Student Education

Contact Person: Sue Alex Telephone: (561) 434 - 8069 PX: 48069

Date Required: 09 / 20 / 2005 (DO NOT use "ASAP" - a specific date is required)

Is this a continuation/duplication of prior document? Yes No

If any changes, are they marked? This is an extension of the previous cooperative agreement.

Is substance of document acceptable to your Assistant Superintendent or Director? Yes No

Are permits required? Yes No

Have required permits been obtained? Yes No N/A

Do you wish to pick up document? Yes No Pony? Yes No

Comments:

**Please complete the attached student confidentiality addendum if parental consent will not be obtained.*

RECEIVED

SEP 20 2005

BY LEGAL SERVICES

DEPARTMENT HEAD OR AREA EXECUTIVE SIGNATURE

9/20/05
DATE

Attorney Assigned: Tramey Hall Date of completion by Attorney: 9/20/05