



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

DIRECTIONS: 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 11/23/2005 Number of Copies Submitted 3

Name of Document Cooperative Agreement between the School Board of Palm Beach County and Carlton Palms Education Center, Inc

School/Department Submitting Exceptional Student Education

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

Date Required 11/30/2005 (*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? _____

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 review the

*IF they will not comply with the attached Addendum
Please attach background screening policy.

RECEIVED

NOV 23 2005

BY LEGAL SERVICES

SIGNATURE OF DEPARTMENT HEAD OR AREA EXECUTIVE

11/23/05
DATE

Attorney Assigned Kwey 1000

Date of completion by Attorney 11/29/05