

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN THE
SURREY SCHOOL DISTRICT

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

EMAIL: _____

PRESENT POSTION: _____

TITLE OF STUDY: _____

PURPOSE: (thesis, course paper, etc.): _____

BRIEF STATEMENT OF YOUR RESEARCH QUESTION:

PROPOSED RESEARCH METHODOLOGY:

Number of participants:

Students: _____ Teachers: _____ Administrators: _____

Others: (specify) _____

Characteristics of participants (e.g. grade levels): _____

Specific schools: _____

Specific student characteristics: _____

Selection strategy: _____

Nature of participant involvement: (e.g. questionnaire, interview, etc.)

Time required from participants: _____

Brief description of how the research will be conducted:

Requested dates for commencing: _____ Completing: _____

Continued over

LEADERSHIP IN LEARNING

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Please attach the following:

- A complete research proposal if one exists or any further information that may assist in the evaluation of your application
- Copies of all tests or questionnaire which will be used
- For university students or faculty: approval from the Ethics committee at your institution
- A copy of your consent form for participants or parents if students are involved

TERMS OF AGREEMENT for conducting research in Surrey District Schools:

- Receipt of written approval from the Research Department
- Adherence to procedures for contacting school personnel outlined in the above letter
- Submission of a final report to the Research Department
- Preparation of a 2-page abstract if requested

ESTIMATED DATE OF SUBMISSION OF FINAL REPORT: _____

Prior to entering a school to conduct a research study, a person who is not a district employee must undergo a CRIMINAL RECORD SEARCH and submit the report to the Research Department. Final acceptance for the study is contingent on the results of the criminal record search.

SURREY SCHOOL DISTRICT
Research Department
District Education Centre: 14033 – 92nd Avenue, Surrey, BC V3V 0B7
www.sd36.bc.ca 604-595-6185

Signature of Applicant

Signature of Faculty Supervisor
(If applicant is a student)

Date Signed

Name of Institution

Date Signed