

Submission form for the YourLife Project



EDUCATIONAL CENTRE:

Name of the school:			
Address:			
City:			
State:		ZIP Code:	
Country:		Phone:	
School ownership:	Public	Charter	Private
Type of school:	Coeducational	Single sex	
Zone:	Urban	Rural	

CONTACT PERSON:

Name:	
Position:	
E-mail:	
Phone:	

PARTICIPATION:

Which grades will participate?	8 th grade	10 th grade	12 th grade
Date(s) of participation:			
Language(s):	English	Spanish	Both

We have read the procedure and the ethical issues of the YourLife Project (projectyourlife.com), and we will follow the instructions.

After reading section "Parental consent" on the project website (projectyourlife.com), we have decided to follow:

- Procedure 1
- Procedure 2
- Procedure 3
- Procedure 4
- We have not decided yet

Date:	
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