

St. Johns County Schools
40 Orange Street
904.547.6038

APPLICATION TO CONDUCT RESEARCH

*This form must be completed by the applicant and signed by the **Deputy Superintendent, Academics** prior to collecting data and conducting research in St. Johns County Schools.*

PLEASE PRINT

Name: _____
Last Name First Name

Mailing Address: _____
Phone _____ Fax _____

Title of Research Project: _____

University/Agency Affiliation/Degree _____

Sought: Project Director or Advisor: _____ Phone: _____

Address: _____

E-mail: _____

Signature of Advisor: _____

Primary research question and/or purpose (Limit 1600 characters):

Describe activities:

# of Participants	Detailed amount of time involved: (days, hours, etc.)	Specify/Describe items needed: (grades, observations, interviews, etc.)	List school(s) & grade level(s)
Students			
Teachers			
Administrators			

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APPLICATION TO CONDUCT RESEARCH**ESTIMATED INVOLVEMENT**

Describe benefits to students and/or school system:

Describe how any interruption to instruction time will be minimized:

Describe how all participants' privacy will be protected:

When will research be conducted?

I understand and will abide by the laws related to protection of human subject rights and privacy. I will maintain confidentiality of all records and I will destroy and eliminate any reference to school, district, or individual identity.

Researcher's Signature_____
Date**ATTACH A COPY OF YOUR INSTRUMENT(S)**OFFICE USE ONLY

Granted _____ Denied _____ Date: _____

Deputy Superintendent, Academics Signature

NOTE TO RESEARCHER / REQUESTER: When seeking approval at the school level, a copy of this form signed by the **Deputy Superintendent, Academics** must be shown to the school principal.