



Consent Form

Research Project Title: School Dropouts Study

Research Investigator: _____

By signing below, I acknowledge and agree to the following:

1. I voluntarily agree to participate in this research project.
2. I understand the interview (if applicable).
3. I have been informed that the data will be analyzed and may be published anonymously.
4. I can request a copy of my interview transcript for review.

Participant No.	Full Name	Email Address	Phone Number	Signature	Date	I agree to be quoted directly	I agree to be quoted using a pseudonym
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Researcher's Signature: _____

Date: _____