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|--|--------------------------------------|--|---|--|--------------------------------------|
| Name of School Principal: Name of school : School Number: Tel : The principal authorizes the conducting of the OLSCD in the school: \Ves No | | | | | |
| Name of school : School Number: School Number: Tel : The principal authorizes the conducting of the QLSCD in the school: Yes | | Authorizatio | n Form for School Pri | ncipals | |
| School Number: Tel : The principal authorizes the conducting of the QLSCD in the school: Yes No The principal's office has given the QLSCD documents to the teacher of the child(ren) participating in the study: Yes No The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, ple write their name and phone number below: First and last name of contact person: Tel. number: Tel. number: Signature of Principal Date Signed Please confirm the identity of the teacher and write the name of the class of the child(ren) participating in the QLSCD: Last Name and First Name Date Teacher's Class of Child* Of birth Name Class Variation Stars St | Name of Scho | ool Principal: | | | |
| Tel : Yes No The principal authorizes the conducting of the QLSCD in the school: Yes No The principal's office has given the QLSCD documents to the teacher of the child(ren) participating in the study: Yes No The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, ple write their name and phone number below: First and last name of contact person: | Name of scho | ol : | | | |
| The principal authorizes the conducting of the QLSCD in the school: | School Numb | er: | | | |
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| Yes No The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, plewrite their name and phone number below: First and last name of contact person: | | Y | es No | | |
| Yes No The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, plewrite their name and phone number below: First and last name of contact person: | | | | | |
| The principal will be contacted to arrange the visit with the child. If you would like someone else to be the contact person, plewrite their name and phone number below: First and last name of contact person: Tel. number: Signature of Principal Date Signed Please confirm the identity of the teacher and write the name of the class of the child(ren) participating in the QLSCD: Last Name and First Name Date Teacher's Class Numb Thank you for returning this form as soon as possible to: by fax : 514-798-1654 Co by mail : Bureau des intervieweurs professionnels C/O Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | The principal's | s office has given the QLSCD documents | to the teacher of the chil | d(ren) participating in the study | /: |
| write their name and phone number below: First and last name of contact person: | | Y | es No | | |
| Please confirm the identity of the teacher and write the name of the class of the child(ren) participating in the QLSCD: Last Name and First Name Date Teacher's Class of Child* of birth Name Number Thank you for returning this form as soon as possible to: List state List state by fax : 514-798-1654 or by mail : Bureau des intervieweurs professionnels C/0 Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | Tel. number: _ | G | | | |
| Last Name and First Name Date of birth Teacher's Name Clas Numb of Child* of birth Name Numb Thank you for returning this form as soon as possible to: by fax : 514-798-1654 or by mail : Bureau des intervieweurs professionnels C/O Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | | Signature of Principal | | Date Signed | |
| of Child* of birth Name Number Thank you for returning this form as soon as possible to: | Please confirm | | | | LSCD: Class |
| by fax : 514-798-1654 or by mail : Bureau des intervieweurs professionnels C/O Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | | | | | Number |
| or by mail : Bureau des intervieweurs professionnels C/O Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | Please confirm | n the identity of the teacher and write the Last Name and First Name of Child* | Date of birth | child(ren) participating in the C Teacher's Name | Clas |
| Bureau des intervieweurs professionnels C/O Mrs Véronique Dorison 630, Sherbrooke West Street, suite 210 | | b | y fax : 514-798-1654 | | |
| | | C/O I 630, Sherb | intervieweurs profession Mrs Véronique Dorison rooke West Street, suite | e 210 | |
| * Please note that children's names may be added to this list after reception of additional parental consent forms. | * Please note t | hat children's names may be added to this | list after reception of addit | tional parental consent forms. | |