



Completed Application and Agreement may be sent to:
 Greene County School System
 Assistant Superintendent
 101 East Third Street
 Greensboro, GA 30642

APPLICATION TO CONDUCT RESEARCH

APPLICANT INFORMATION

Name of Researcher	Click here to enter text.				Date	Click here to enter a date.
Street Address	Click here to enter text.				Apartment/Unit #	Click here to enter text.
City	Click here to enter text.	State	Click here to enter text.	ZIP	Click here to enter text.	
Phone	Click here to enter text.	E-mail Address	Click here to enter text.			
Current Employer	Click here to enter text.			Position	Click here to enter text.	
Title of Proposed Research Study	Click here to enter text.					
Proposed Project Starting Date	Click here to enter a date.		Proposed Project Ending Date	Click here to enter a date.		
Action Research: <input type="checkbox"/> Dissertation <input type="checkbox"/> Thesis <input type="checkbox"/> Other, please explain: Click here to enter text.						

SPONSORING AGENCY:

Agency Name	Click here to enter text.	Address	Click here to enter text.
Name of Faculty/Staff Sponsor	Click here to enter text.	Telephone Number	Click here to enter text.

INFORMATION ABOUT THE STUDY:

Schools to be included for project: *(Check all that apply)*

<input type="checkbox"/> Greene Co. High School	<input type="checkbox"/> A. W. Carson Middle School	<input type="checkbox"/> Lake Oconee Academy
<input type="checkbox"/> Greene Co. Primary School	<input type="checkbox"/> Greene Co. CBJ Preschool	<input type="checkbox"/> Other: Click here to enter text.

Purpose of the Study:

Click here to enter text.

Rationale for the Study: *(How will the study contribute to this field of research?)*

Click here to enter text.

Research Questions or Hypotheses:

Click here to enter text.

METHODOLOGY				
A. PARTICIPANT INFORMATION				
Participants:	Number:	Grade Levels:	Number of Classes:	Time Required:
Students:	Click here to	Click here to enter text.	Click here to enter text.	Click here to enter text.
Teachers:	Click here to	Click here to enter text.	Click here to enter text.	Click here to enter text.
Administrators:	Click here to			Click here to enter text.
Support Staff:	Click here to			Click here to enter text.
Parents:	Click here to			Click here to enter text.
Other: Click here to enter text.	Click here to enter text.			Click here to enter text.
<u>How will participants be selected for the research project?</u> Click here to enter text.				
<u>What will participants be asked to do?</u> Click here to enter text.				
<u>How will consent be obtained from all research participants, and if necessary, from parents/guardians?</u> <i>(See the Parental Permission Form.)</i> Click here to enter text.				
<u>Identify any potential benefits or risks for participants that might result from the research.</u>				
<u>Potential Benefits</u>		<u>Potential Risks</u>		
Click here to enter text.		Click here to enter text.		

B. RESEARCH DESIGN INFORMATION

☐ **Quantitative** ☐ **Qualitative** ☐ **Mixed Methods** Click here to enter text.

Briefly Describe your design.
Click here to enter text.

C. DATA COLLECTION AND ANALYSIS

List data that will be collected for this study. Include a copy of all surveys, interview protocols, tests, checklists or other data collection instruments. If you are using a survey that will be administered to students, you must make arrangements for parents to view the survey prior to administration if they wish.

Data to be Collected	Data Collection Instruments	Data Source	Anticipated Date of Data Collection
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.

Describe your data analysis procedures. Identify statistical measures that will be used to test the hypotheses. If qualitative designs are used, identify coding scheme and data validation procedures. Be as specific as possible. Use additional sheets as needed.
Click here to enter text.

Will anyone other than the researcher be involved in the data analysis process? ☐ **YES** ☐ **NO**
If yes, who will assist with data analysis procedures?
Click here to enter text.

**Researcher Applicant Checklist
Have you included?**

- ☐ Signed Applicant Agreement
- ☐ Participant Consent Form
- ☐ Data Collection Instruments



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Assistant Superintendent
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Greensboro, GA 30642

ACCESS TO CONFIDENTIAL DATA APPLICANT AGREEMENT

APPLICANT INFORMATION

Research Applicant	Click here to enter text.				Date	Click here to enter a date.
Street Address	Click here to enter text.				Apartment/Unit #	Click here to enter text.
City	Click here to enter text.	State	Click here to enter text.	ZIP	Click here to enter text.	
Phone	Click here to enter text.	E-mail Address	Click here to enter text.			
Current Employer	Click here to enter text.			Position	Click here to enter text.	
Title of Proposed Research Study	Click here to enter text.					

I, the Research Applicant, agree that all student or staff records shall be kept in a secure location preventing access by unauthorized individuals. I agree that any personally identifiable student or staff information and educational records as defined pursuant to O.C.G.A. Title 20 and the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, (FERPA) as well as any other confidential information of the School District that I may come in contact with, will be, and will be deemed to have been, received in confidence and will be used only for purposes of the approved research. Without the written permission of the parent/guardian or the staff member, I agree not to disclose to any third parties any student/staff information including the identity of the student/staff member.

I agree to use the same means it uses to protect its own confidential information, but in no event less than reasonable means, to prevent the disclosure and unauthorized use and to protect the confidentiality of student/staff information and other confidential information.

I understand that participation in a research study by students, parents, and school staff is strictly voluntary.

In addition, I understand that any data, datasets or outputs that I, or any authorized representative, may generate from data collection efforts throughout the duration of the research study are confidential and the data are to be protected. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential data. I also understand that students, schools, or the district may not be identified in the research report. Data with names or other identifiers (such as student numbers) will be disposed of when their use is complete.

I understand that acceptance of this request for approval of a research project in no way obligates the Greene County School District to participate in the research. I also understand that approval does not constitute commitment of resources or endorsement of the study or its findings by the school system or by the Board of Education.

If the research project is approved, I agree to abide by standards of professional conduct while working in the schools. I understand that failure to do so could result in termination of the research study.

I agree to send a copy of the study results to the Assistant Superintendent after completion of the study for any future use to the Greene County School District. I understand that the study is not complete until this report has been provided to Greene County School District.

I agree to indemnify, defend and hold the Greene County School District, its Board of Education, and its employees, agents, students, and parents/guardians harmless from any and all claims, actions, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees) associated with any claim or action brought against the School District for my acts or omissions or intentional misconduct.

Research Applicant Signature

Date

Signature of Faculty or Staff Sponsor of Research Project

Date

Signature of Sponsoring Agency

Date

For Office Use Only

Signature of School Principal or Building Administrator

Date

Signature/Title of District Office Designee

Date

☐ Approved _____
☐ Denied _____