

PRINCIPAL AGREEMENT TO PARTICIPATE FORM

Please obtain principals' signatures and submit with the research proposal. Once the proposal has been reviewed, a recommendation notification or denial of request will be sent to applicant.

Research Review Committee

Associate Superintendent of Instructional Services

Broken Arrow Public Schools

701 S. Main Street

Broken Arrow, OK 74012

918-259-5700

Fax: 918-259-4344

I am familiar with Research Project proposed by _____

titled, _____

and agree that our school will participate subject to the researcher's compliance with District policies.

<u>Principal</u>	<u>School</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____