



North Colonie Central Schools is collaborating with the Siena College Research Institute (SRI), AT&T, and the Tyler Clementi Foundation to participate in the **Teen Cyber Census**. By completing the consent form below, you and/or your child will be enrolled in the study and **will receive an email** with a web-based link to the survey. This form must be returned to **YOUR CHILD'S HOMEROOM TEACHER BY SEPTEMBER 23.**

We're especially excited about the **special competition** between grades 9-12! Think of the great things your child's class could do with these extra funds!

- First Prize - **\$400** – to the class that achieves the highest number of registrations
- Second Prize - **\$150** – to the class with the second highest number of registrations
- Third Prize - **\$100** – to the class with the third highest number of registrations

FAQs about this research can be found on the reverse of this form. Additional details and an online registration form are available at: <https://www.siena.edu/sri/northcolonie>. If you have any questions about this project now or in the future SRI Director, Dr. Don Levy can be reached by email at [sienaresearch@siena.edu](mailto:sienaresearch@siena.edu).

### INFORMED CONSENT FOR YOUR CHILD

- Yes, I \_\_\_\_\_ give permission for my child(ren) to participate in this study
- No, I \_\_\_\_\_ do NOT give permission for my child(ren) to participate in this study

**\*\*NOTE: The consent form can also be completed online by clicking here: Complete the form below for each child in grades 9-12 that you are giving permission to participate in the survey (PLEASE PRINT):**

Please enter information for Child 1 below:

Child 1 First Name: \_\_\_\_\_  
 Child 1 Last Name: \_\_\_\_\_  
 Child 1 Email Address: \_\_\_\_\_  
 Child 1 Grade in School: \_\_\_\_\_

Please enter information for Child 3 below:

Child 3 First Name: \_\_\_\_\_  
 Child 3 Last Name: \_\_\_\_\_  
 Child 3 Email Address: \_\_\_\_\_  
 Child 3 Grade in School: \_\_\_\_\_

Please enter information for Child 2 below:

Child 2 First Name: \_\_\_\_\_  
 Child 2 Last Name: \_\_\_\_\_  
 Child 2 Email Address: \_\_\_\_\_  
 Child 2 Grade in School: \_\_\_\_\_

Please enter information for Child 4 below:

Child 4 First Name: \_\_\_\_\_  
 Child 4 Last Name: \_\_\_\_\_  
 Child 4 Email Address: \_\_\_\_\_  
 Child 4 Grade in School: \_\_\_\_\_

If you would like to give consent to more than 4 children in grades 9-12, please contact [sienaresearch@siena.edu](mailto:sienaresearch@siena.edu)

### INFORMED CONSENT FOR YOURSELF

- Yes, I would like to participate in this study
- No, I do NOT want to participate in this study

**Please enter your contact information below.** To ensure validity of these informed consent forms, The Siena College Research Institute will randomly select and call a sample of parents/guardians to validate consent.

Parent/Guardian's First Name: \_\_\_\_\_  
 Parent/Guardian's Last Name: \_\_\_\_\_  
 Parent/Guardian's Email Address: \_\_\_\_\_  
 Parent/Guardian's Phone Number (including Area Code): \_\_\_\_\_

**\*\*NOTE: The consent form may also be completed online at <https://www.siena.edu/sri/northcolonie> \*\***