

2016 ARIZONA YOUTH SURVEY  
School Information Form

For Office Use Only District or Group: _____ CTDS: _____
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School Name \_\_\_\_\_

School Phone \_\_\_\_\_ Fax \_\_\_\_\_

School Address (Physical) \_\_\_\_\_

School Address (Mailing) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Number of Students:            8<sup>th</sup> Grade \_\_\_\_\_  
   10<sup>th</sup> Grade \_\_\_\_\_  
   12<sup>th</sup> Grade \_\_\_\_\_  
   Total \_\_\_\_\_

(1) Primary Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

(2) Secondary Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(3) Principal \_\_\_\_\_ Email \_\_\_\_\_

THE SURVEY WILL BE AVAILABLE FOR ADMINISTRATION FROM FEBRUARY-MAY, 2016.

SURVEY ADMINISTRATION DATE \_\_\_\_\_

Would you like to administer the survey in paper or online?    PAPER  ONLINE

Do you give permission to send a copy of your school report to the person you have specified as your primary contact person, if that is someone other than yourself?

YES  NO

If you would like your name withheld as a participating school from public requests about AYS please check here....

Please return form to:  
**Audrey Richardson, Research Analyst**  
Statistical Analysis Center  
Arizona Criminal Justice Commission  
1110 W Washington, Suite 230  
Phoenix, Arizona 85007  
Fax: 602-364-1175  
Phone: 602-364-1157  
[arichardson@azcjc.gov](mailto:arichardson@azcjc.gov)

**Shana Malone, SAC Director**  
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