



**Birdville**  
INDEPENDENT SCHOOL DISTRICT

## Campus Principal Statement

**Instructions:** The researcher must obtain your approval before commencing the project. Your role is crucial in this process. Please read the statement and sign.

This project requires campus principal approval:  Yes  No

Name of campus: \_\_\_\_\_

I have read and understood the proposed research project to be carried out on my campus. I conditionally approve the execution of the study pending final approval by the BISD Cabinet.

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_



[birdvilleschools.net](http://birdvilleschools.net)



817-547-5700