



ISHC

Independent School Health Check Registration Form

A separate registration form must be **completed** for each survey requested, middle and upper, for a contract to be generated and a survey date to be secured.

School Name

Division to be surveyed: middle or upper

Address

Telephone

Head of School

Survey Contact Person

Survey Contact Person Name

Survey Contact Person Telephone

Cell

Survey Contact Person Fax

Survey Contact Person Email

Backup Survey Contact Person

Survey Contact Person Name

Survey Contact Person Telephone

Cell

Survey Contact Person Fax

Survey Contact Person Email

IT Contact

IT Contact Name

IT Contact Telephone

IT Contact Email

Business Office (accounts payable)

Business Office Name

Business Office Telephone

Business Office Fax

Business Office Email

Type of school

Type of School

- Day
- Boarding
- Boarding/Day

Category

- Co-ed
- Single gender male
- Single gender female

Enrollment numbers of division to be surveyed

Survey Date requested (Between Fall: 10/10-11/16, or Spring 2/5-5/17)

Time of survey

Beginning Time

End Time

Time Zone

- Pacific Time Zone (PST)
- Mountain Time Zone (MST)
- Central Time Zone (CST)
- Eastern Time Zone (EST)

Administration Plan

Groupings of students

Proctoring Arrangements

Devices

- Wired
- Wi-Fi

Wi-Fi capacity

Type of Report

- Standard Survey Report
- Customized Report

Would you like to add questions to your survey? *(up to 5 allowed)*

Yes

No

Q1

Q2

Q3

Q4

Q5