APPENDICES
APPENDIX - A

INFORMATION SCHEDULE

- NAME:

- AGE:

- SEX: Male □ Female □

- RELIGION:

- CLASS:

- SCHOOL AND BOARD:

- NUMBER OF FAMILY MEMBERS (Mention them):

- MOTHER: Living □ Dead □ Separated □

- MOTHER’S OCCUPATION:

- FATHER: Living □ Dead □ Separated □

- FATHER’S OCCUPATION:

- MONTHLY FAMILY INCOME:
CHILD’S CONSENT FORM:

I have no objection if results revealed from these questionnaires are used for any research purpose.

(Signature of the child) Date:

PARENT’S CONSENT FORM:

I have no objection if results revealed from these questionnaires which were administered to my ward are used for any research purpose.

(Signature of the parent) Date: