



## WAYVE Enrollment Form

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**School name:**  
**Principal's name**  
**Address:**  
**City / Town:**  
**Postal Code:**

**Teacher Advisor:**  
**Phone number:**  
**e-mail contact:**

Please identify what you feel the needs are at your school related to youth violence:

On a sliding scale, note the prevalence of the following issues (1 – low, 3 – moderate, 5 – high):

Bullying

Violence

Hate crimes

Homophobia

Suicidal ideation

Do you feel that your school community would benefit from a peer led anti violence prevention program? Why?

What programs or initiatives exist at your school that addresses anti-violence or bullying?

Applicant comments or questions: