

# Education Study Enrollee Screening

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>
Mailing Address	<input type="text"/>
Current Education Level	<input type="text"/>
Current School/Institution	<input type="text"/>
Major/Field of Study	<input type="text"/>
Why are you interested in this study?	<input type="text"/>
Availability for Participation	<input type="text"/>
Do you consent to participate in this study?	<input type="text"/>