**Masterminds Enrolment Form**

(to be completed by the student’s parent or guardian and returned to Dr Kitchener –

all sections must be read and completed)

1. **Student information**

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Surname</th>
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</table>

   Year Group: __________________________

   Subject(s) for which student was nominated
   __________________________________________

   Day(s) attending  
   Tuesday ☐  Wednesday ☐  Thursday ☐

   Does the student regularly take any medication in the afternoon or have any special needs the program staff need to know about.
   __________________________________________

2. **Referral information**

   How did you find out about the Masterminds Program?
   
   □ Newsletter  
   □ Parent Referral  
   □ My son/daughter  
   □ Parent Portal  
   □ Teacher Referral  
   □ Other _______________________________

3. **Afternoon Contact Information**

   (Please include the contact information for the parent/guardian most easily contacted during /after program time; 3.15-4.30pm)

   Name: _______________________________________

   Mobile/Phone: ________________________________
4. Permission Agreement

I give permission for the student named above to attend tutoring program and will make arrangements for him/her to be transported home at 4.30 pm.

I give permission for the program coordinator to speak with the student named above, their tutors and their teachers about their experiences and learning outcomes. I understand that this information will remain confidential and only be shared with relevant workers where necessary.

The personal information on this form is being collected for the purposes of enrolling the student in the Masterminds Program and being able to contact the parents/guardians. Any evaluation reports developed will not identify individual participants.

I have read and agree with the conditions outlined in this document:

PARENT’S/GUARDIAN’S NAME_____________________________________________________

PARENT’S/GUARDIAN’S SIGNATURE______________________________________________

OR ☐ check this box for “electronic signature”

DATE__________________________________________