



# HUNTER VALLEY GRAMMAR SCHOOL

## 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

Given Name _____ Surname _____
Year Group _____
Subject(s) for which student was nominated _____
Day(s) attending Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>
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? <input type="checkbox"/> Newsletter <input type="checkbox"/> Parent Referral <input type="checkbox"/> My son/daughter <input type="checkbox"/> Parent Portal <input type="checkbox"/> Teacher Referral <input type="checkbox"/> Other _____
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### 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: _____



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## 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 \_\_\_\_\_