THE QUESTION DETECTIVES

EXPLORE • DISCOVER • CREATE

Student Enrolment & Consent Form

1. Student & Guardian Details

Student's Full Name: _____

Date of Birth / Age: _____ **School Year Level:** _____

Primary Parent/Guardian Name: _____

Contact Phone Number: _____

Email Address: _____

Alternative Emergency Contact Name & Number:

_____

2. Medical Conditions & Learning Profile

To help us ensure a safe and supportive learning environment, please disclose any medical conditions, allergies, or specific learning/behavioural profiles we should be aware of (e.g., Asthma, Anaphylaxis, ADHD, Autism):

Does your child carry emergency medication? (e.g., EpiPen, Ventolin) [ ] Yes [ ] No

If **YES**, what are they carrying? _____

3. Medical Emergency Authority

In the event of a medical emergency or accident involving my child, I authorize the teacher of The Question Detectives to administer first aid. Where reasonably necessary and if parents/emergency contacts cannot be instantly reached, I authorise The Question Detectives to contact an ambulance or medical professional at my expense.

Guardian Signature: _____ **Date:** _____

4. Photographic & Media Consent

We love documenting your child's brilliant problem-solving journey! To respect your child's privacy, we separate our media consent into **identifiable images (faces)** and **non-identifiable records (projects and hands)**.

Please check 'Yes' or 'No' for each individual option below:

A. Identifiable Photography (Faces): I consent to photographs or videos that show my child's face being used for educational updates, the website gallery, or official social media pages for *The Question Detectives*.

[ ] YES, I consent | [ ] NO, I do not consent

B. Non-Identifiable Photography (Hands & Projects Only): I consent to photographs or videos of my child's projects, work, or hands in the process of building being used on the website or social media pages, *provided my child's face and identifying features are completely excluded from the shot*.

[ ] YES, I consent | [ ] NO, I do not consent

C. Internal Learning Records: I consent to photographs being taken of my child strictly for internal educational records (e.g. keeping a visual record of a built project before it is dismantled or recording a step-by-step learning process). These will never be published publicly.

[ ] YES, I consent | [ ] NO, I do not consent

Note: The Question Detectives will never publish student names alongside any images.

5. Policy Acknowledgment

I confirm that I have read and agree to abide by the **Refund & Cancellation Policy**, **Student Behaviour Policy**, and **Child Safety Policy** as outlined on the official website (thequestiondetectives.com.au).

Parent/Guardian Full Name: _____

Signature: _____ **Date:** _____