PHOTOGRAPHY, MEDIA & STUDENT INFORMATION CONSENT FORM

To be completed by a parent or legal guardian on behalf of any student under 18 years of age. Students aged 18 or above may complete and sign this form on their own behalf.

1. PURPOSE OF THIS FORM

TechSparque Foundation delivers coding, and Artificial education to students in public and private secondary schools across Kenya. This form asks for your permission (a) to photograph, film, or record your child/ward or yourself during program activities, and (b) to collect and use certain student information, so that we can deliver, monitor, and report on our programs. Please read this form carefully before signing. You are free to ask a TechSparque staff member to explain any part of it before you decide.

2. STUDENT & SCHOOL DETAILS

Student full name: _____

Age / date of birth: _____

School name: _____

County: _____

3. PART A — PHOTOGRAPHY, VIDEO & MEDIA CONSENT

TechSparque staff, volunteers, or contracted photographers/videographers may take photographs, video recordings, audio recordings, or written quotes of students during lessons, competitions, exhibitions, graduations, and other program activities.

If you consent, this material may be used by TechSparque, without payment or further notice, for the following purposes only:

- Internal program monitoring, evaluation, and staff training records
- TechSparque's website, annual reports, and impact reports
- Social media channels (e.g. Instagram, LinkedIn and YouTube)
- Fundraising, donor reports, and grant applications to funders and partners

We will not sell any photograph, recording, or quote to a third party, and we will not use it in a manner that could embarrass, endanger, or harm the student. Where practical, students will be identified by first name and county only — never with a home address or other identifying contact details.

This consent remains valid until withdrawn in writing (email or letter) to TechSparque. Withdrawal will stop future use .

☐ YES — I give permission for TechSparque to photograph, film, and/or record my child/ward (or myself) and to use this media as described above.

☐ NO — I do not give permission for photography, filming, or recording. I understand my child/ward (or I) may still take part in all program activities; staff will take reasonable steps

to exclude the student from published media, though incidental appearance in wide group/event shots cannot be fully guaranteed.

4. PART B — STUDENT INFORMATION & DATA PROTECTION CONSENT

To deliver and report on our programs, TechSparque collects and processes the following categories of student information:

- Identification details: full name, age/date of birth, gender, school, class/grade, county
- Contact details: parent/guardian phone number and, where provided, email address
- Program records: attendance, participation, coursework, assessment scores, and certificates
- Photographs, videos, and testimonials, where separately consented to in Part A

This information is used only to: register and manage student participation; track learning progress and attendance; evaluate and improve our programs; and report aggregated (and, where authorized, individual) impact data to TechSparque's funders, partner schools, and regulatory bodies.

☐ I consent to TechSparque collecting, storing, and using the student information described above for the stated purposes.

5. DECLARATION & SIGNATURES

I confirm that I am the parent or legal guardian of the student named above (or that I am the student, aged 18 or older, signing on my own behalf). I have read and understood this form, I have had the opportunity to ask questions, and I give my consent as indicated by my selections above.

Parent / Guardian (or Student, if 18+) — Full Name

Relationship to Student

Signature

Date (DD/MM/YYYY)

Phone Number

Email (optional)

For TechSparque Foundation use only

Staff Name

Staff Signature

Role

Date Received (DD/MM/YYYY)