

**Mill Field Primary School Admission Form**

Child's First Name..... Surname.....

Preferred Name..... M/F? ..... DOB..... B/C- Signed.....

Passport Number..... Previous School /Nursery.....

Mother's Name..... Post Code.....

Address..... Home Number.....

..... Mobile Number.....

Email Address..... Work Number.....

Father's Name..... Post Code.....

Address (if different)..... Home Number.....

..... Mobile Number.....

Email Address..... Work Number.....

If one of the parents is not living in the household, do they have access to the child Y/N? .....

Names and ages of brothers and sisters.....

Ethnic Origin.....Religion.....Home Language.....

Doctors Name..... Telephone number.....

Surgery Address..... Tetanus Injection Y/N Year.....

Medical Conditions/Allergies.....

Dietary Requirements (medical or Religious).....

Will your child require - School dinners..... Paid/Free.....Packed lunch..... (Tick as appropriate)

**IT IMPORTANT TO HAVE A CONTACT OTHER THAN THE PARENTS**

Name of emergency contact.....Relationship to child.....

Address..... Post Code.....

Home Number..... Mobile Number.....

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**Office Use Only**

Date of Admission..... Lunch..... Free.....

Dental Milk       Yes       No      Photographs     Consent     with Conditions

Medical Treatment     Yes       No      Allergies..... Dietary.....



Headteacher: Mrs Jo Heggie M.Ed.

**Mill Field Primary School, Potternewton Mount, Leeds, LS7 2DR**

0113 2620021    www.mfprimary.com    head@mfprimary.com    office@mfprimary.com

Dear parents,

Please complete the slip below to indicate whether your child suffers from any allergies or illness, which we need to be made aware of.

Yours sincerely

Mrs Jo Heggie

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Name of child.....

My child suffers from the following Allergies:

My child suffers from the following illnesses:

Signed..... (Parent/Guardian)

Date.....



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I have read the **Responsible Internet Use** with my child.

**PERMISSION FOR INTERNET ACCESS**

**PARENT/GUARDIAN'S PERMISSION**

I give consent for access to the internet on the terms set out in the letter attached. I consent to the monitoring and auditing of my child's email and internet access.

- Signed..... (Parent/Guardian)
- Print Name.....
- Date.....

**PUPILS AGREEMENT**

I agree to the following rules for **Responsible Internet Use**. I agree to the monitoring and auditing of my mail and internet access.

- Signed..... (Pupil)
- Print Name.....
- Date.....



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Dear Parent/Guardian

### **RESPONSIBLE USE OF THE INTERNET**

As part of our curriculum and the development of ICT skills, Mill Field Primary School is providing supervised access to the internet including email.

Although there have been concerns about pupils having access to undesirable materials, we are taking positive steps to deal with this risk in school. Our school internet access provider is Leeds Learning Network, which operates a filtering system that restricts access to inappropriate materials. Your child will only be using the internet under adult supervision. Your child's activity on the internet will be monitored and reported to the headteacher on a regular basis.

Whilst every endeavour is made to ensure that suitable restrictions are in place and working effectively to prevent children gaining access to inappropriate materials, neither the school nor the council will be liable, under any circumstances, for any injury, distress, loss or damage to the pupil or the parents, which may arise directly or indirectly from the pupils unauthorised use of those facilities or email.

The council cannot be held responsible for the nature or the content of materials accessed from your child's use of the internet facilities.

I enclose a copy of the **Rules for Responsible Internet Use** that we operate at Mill Field Primary School, and ask you to read through them with your child. We ask you to complete the **Permission for Internet Access** slip provided and return it to the school.

Should you wish to discuss any aspect of Internet use, please arrange an appointment to see myself.

Yours sincerely

Jo Heggie  
Headteacher



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**PERMISSION FOR SCHOOL VISITS**

I give permission for my child named..... To be taken out of school on visits arranged by the school.

I understand this permission will last until my child leaves Mill Field Primary School.

Signed..... (Parent/Guardian)

**PERMISSION FOR PHOTOGRAPHS TO BE TAKEN FOR PUBLICITY PURPOSES**

**I DO** give permission for my child named..... To be photographed for publicity purposes, such as newspapers or magazine articles.

**I DO NOT** give permission for my child named..... To be photographed for publicity purposes, such as newspapers or magazine articles.

I understand this permission will last until my child leaves Mill Field Primary School.

Signed..... (Parent/Guardian)

I have agreed for photographs to be taken and will choose **one** of the following options:

- Only the photographs can appear in the articles      (Sign) .....
- Only photograph and first name can appear.      (Sign) .....
- Photograph, first name and surname can appear.      (Sign) .....



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**EMERGENCY MEDICAL TREATMENT**

We will always do our best to contact parents/guardians if medical treatment is needed. However, if we are unable to contact anyone we need to know what you would want us to do. Please complete **one** of the sections below.

I agree that my child..... **Can** receive emergency medical treatment if necessary.

Signed..... (Parent/Guardian)

I agree that my child..... **Can** receive emergency medical treatment **with the following exceptions.**

.....  
.....

Signed..... (Parent/Guardian)

I take full responsibility for the consequences of the school implementing my wishes as stated above.