

**SCHOOL WEBSITE
& INTERNET PERMISSION**

INTERNET PERMISSION

As part of the schools ICT programme, we offer pupils supervised access to the Internet. Before we can do this we need to obtain your permission and both you and your child should sign this form as evidence of your approval and their acceptance of the rules on this matter.

E Mail Rules

1. I will only email people I know or people that my teacher has approved.
2. The messages I send will be polite and responsible.
3. I will not give my home address or telephone number or arrange to meet someone unless my parent, carer or teacher has given permission.
4. I will report any unpleasant material or messages sent to me.
5. I will not sign up to any mailing lists, chat rooms or buy anything on line.

Internet Rules

1. I will always explore the Internet with a teacher or adult watching or nearby who is aware of what you are doing.
2. I will only go to my own files to load or save work.
3. I will first read and reorganise in a word processor when downloading and printing more than two pages from an Internet Site.
4. I will only send or display polite message or pictures.
5. I will not give out my full name and/or address or give personal information about myself without checking with an adult.
6. I will not use school facilities to purchase items.
7. I will check to see if there are any copyright problems when downloading information

PUPILS SIGNATURE: _____

PARENTS SIGNATURE: _____

**PUBLICATION OF PHOTOGRAPHS
ON THE SCHOOL WEBSITE AND IN LOCAL NEWSPAPERS**

The reason for this request is for permission to allow the school to publish carefully selected photos of your child and your child's work to be shown on our school site in local newspapers. The purpose of this will be to celebrate our children's work and events around the school.

The full school policy on email and Internet use is available from the school and can be accessed on www.cleves.co.uk

My child's photograph may may not be published on the school website. (Names will not be published)

My child's photograph may may not be published in local newspapers.

(Names may or may not be given according to the newspaper policy)

(Please tick as appropriate)

Signed: _____ Parent

CLEVES SCHOOL ADMISSION FORM

Please ensure you complete every field on both signs of the form – we cannot accept your application until this form is complete.

Full Name: _____

Date of Birth : _____ Sex: Male/Female

Address : _____

Post Code: _____

Tel No: _____

Email: _____
(Our monthly newsletter will be sent to you at this address)

Parent address if different from above:

Emergency Contacts – Please let us know who you wish us to contact in order of priority.

Name	Telephone No	Relationship
1.		
2.		
3.		

Name & Address of Doctor:

Nationality	Home Language	Religion

Names & class of any siblings already attending Cleves

Child's previous school	Date of leaving

Any previous serious illness, disability or allergy?	Does your child suffer from Asthma? Yes/No Medication :

Any other confidential information:

Does your child have any special needs or difficulties that we should be aware of?

Are school meals requires Yes/No	Any dietary requirements?

ADDITIONAL MEDICAL INFORMATION

This information is used in conjunction with any other medical information that you have already given us on your application form to supplement our care when your child is away on a residential trip.

Does your child suffer from any of the following (please tick)

Travel Sickness	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Any other
Hay Fever	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	

Date of last Anti Tetanus Injection __/__/__

Any previous serious illness, disability or allergy (e.g. plasters, penicillin, nuts, animals) Please give details of the appropriate treatment and symptoms displayed

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Medication to be taken regularly during trip	Dosage and timing

Is there any other information that might be of value (e.g. sleep-walking, homesickness, bed wetting etc) or of a personal nature.	
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HEALTH CARE

The following proprietary medicines may be given. If your child should not be given any of these, please advise a member of staff in writing.

- Calpol - Headaches, aches and pains
- Benylin - Coughs
- Boots Remedies - Sore throats, minor cuts and bruises
- Anthisan - Stings and insect bites
- Piriton - Allergies

If your child must take prescribed medicines, please give it to the designated member of staff on the morning of departure in a container or envelope with the dosage and instructions clearly marked.

If your child suffers from asthma please ensure your child has their own inhaler and the member of staff is given a back up inhaler.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by medical authorities present. I also agree to my child being given an anti-tetanus vaccination.

Signed: _____ Parent/Guardian

CONSENT FORM FOR RESIDENTIAL AND LOCAL VISITS

The Governing Body of Cleves School and Mrs Sue Croft, Head teacher of Cleves School, will allow your child

_____ (child's name)

to join the residential visits offered in each year group and any visits to the local area that may require the children leaving the school site.

(Dates, destination, means of transport and party leaders name will be supplied with full details of all visits)

This permission may be withdrawn in the event of unacceptable behaviour.

Cleves Governing Body, the party leader and other adults accompanying the party are taking responsibility for your child's well-being and safety during the visit. They agree to act, throughout the visit, as any responsible parent would. They cannot, however, be held responsible for personal injury, loss of, or damage to, or other loss, damage, costs or expenses unless they were caused by their negligence. In particular, for his/her own safety and the safety of others on this visit, your child should obey the rules set out in the accompanying sheets and instructions given to them while on the visit.

If you would like your child to take part in these trips and agree to him/her taking part in all or any of the activities described in the information sheets that will be provided for you before each trip, you will need to give your written consent.



CHILD'S NAME:

I have read and understood the above and consent to my child joining the trip. I undertake to read through the rules concerning the residential visit with my child and to emphasise their importance. I agree to repay to Cleves School any costs which they incur as a result of my child's visit provided that such costs were necessarily incurred and did not arise as a result of the negligence of those responsible for the visit.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: _____
Parent/Guardian

Signed: _____
Child