|  |  |
| --- | --- |
| **Name of Young Person** (Please indicate legal and preferred names) |  |
| **DOB** |  |
|  | |
| **People present at admissions meeting** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Admissions Completed by:** *(PLEASE PRINT NAME)* |  | **Date** |  |

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Admission Pack

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As part of Holton Sleaford Independent School (HSIS) admission process the school requires the following documents to be thoroughly read and understood by parents/carers. Any questions or queries can be answered by the Executive Headteacher.

|  |  |
| --- | --- |
| Luke Hollingworth-Proprietor - 07572 791436  lh@holtonsch.uk | Mike Whatton-SENDCO- 07949 392074  [mw@ holtonsch.uk](mailto:mw@holtonsleafordindependentschool.co.uk) |
| Nadine Oldman – School Office 01529 410111  no@ holtonsch.uk | Daniel Laughton-Head of School-07949 391460  dl@holtonsch.uk |

**How to proceed?**

* HSIS requires the documents in this pack to be signed and returned to school, this will indicate confirmation of HSIS expectations and acceptance of our method of working, together with permission for the pupil concerned to take a full and active part in our curriculum.
* The completed Admissions Pack together with your signed return of our offer letter will indicate acceptance of a placement at HSIS.

***We cannot proceed until we have both documents***

We will then:

* Liaise with the Local Authority to arrange transport and provide a start date
* Send you the required school uniform
* Register your child on our school roll

**Admissions Pack Contents**

* Parental Care and Home Information
* Medical Information
* Special Educational Needs and External Agency Involvement
* Agency Involvement
* Personal Profile
* Family Background
* Previous Schools/Settings
* Positive Behaviour Management and Handling Strategies awareness form
* Off-site Curriculum Access permission form
* Adventurous activities (including water-based) permission form
* Educational Visits permission form
* School Transport permission form
* School Property awareness form
* Uniform Policy awareness form
* Medication Policy awareness form
* Photos and Media permission form

Parental Care and Home Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Person with primary** **parental care** (the first person to contact in case of an emergency) | | | | | | |
| Full name |  | | | Relationship |  | |
| Parental Responsibility under the Childrens Act? Yes No | | | | | | |
| Home Address | |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Home telephone | |  | Work telephone | | |  |
| Mobile telephone | |  | | | | |
| Email address | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Person with secondary parental care** (the next person to contact if above not available) | | | | | | |
| Full name |  | | | Relationship |  | |
| Parental Responsibility under the Childrens Act? Yes No | | | | | | |
| Home Address | |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Home telephone | |  | Work telephone | | |  |
| Mobile telephone | |  | | | | |
| Email address | |  | | | | |
| Does contact 2 require a copy of letters and reports? | | Yes No | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Additional Keyperson** (if person 1 or 2 is not available) | | | | | | |
| Full name |  | | | Relationship |  | |
| Parental Responsibility under the Childrens Act? Yes No | | | | | | |
| Home Address | |  | | | | |
|  | | | | |
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|  | | | | |
| Home telephone | |  | Work telephone | | |  |
| Mobile telephone | |  | | | | |
| Email address | |  | | | | |

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| Ethnicity information | | | | | | | | | |
| Please tick the boxes that apply below. | | | | | | | | | |
|  | | | | | | | | | |
| British/ Mixed British |  | Irish |  | Other White Background | |  | | White/Black African |  |
| White & Asian |  | Other Mixed Background |  | Indian or British Pakistani | |  | | Pakistani or British Pakistani |  |
| Other Asian Background |  | Caribbean |  | African | |  | | Chinese |  |
| Other Black Background |  | Other Ethnic Group |  | | | | | | |
| Signature |  | | | | Date | |  | | |

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| **Medical Information** | | | |
| Name and address of medical centre/doctors. | |  | |
| Medical Conditions | | | |
| Asthma/bronchitis | Yes No | | Details: |
| Sight or hearing |  | |  |
| Heart condition |  | |  |
| Fits/fainting/blackouts |  | |  |
| Severe headaches |  | |  |
| Diabetes |  | |  |
| Back injuries |  | |  |
| Allergies to dust/food/pollen/insect bites etc? |  | |  |
| Allergies to any known medical drugs? |  | |  |
| Any special dietary requirements? |  | |  |
| Suffer from travel sickness? |  | |  |
| Taking any medications? |  | |  |
| Other |  | |  |

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**Special Educational Needs and External Agency Involvement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EHCP – Caseworker Name | |  | | | |
| What support have previous schools put in place to support your child? | |  | | | |
| **Area/s of need (please tick)** | | | | | |
| Cognition and Learning |  | Communication and Interaction | | |  |
| Sensory and/or physical |  |  | | | |
| Any formal diagnosis (please state) |  | | | | |
| Current paediatrician involvement? | Yes | No | Paediatrician  name |  | |
| Other specialist involvement? | Name(s) |  | | | |
| Any upcoming appointments (if known) |  | | | | |

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| Are any of the following in place to support the child or family? (*highlight)* | TAC | | | CIN | CP | | LAC | |
| If yes to the above, please provide the names of the agencies including the names of any professionals (if known) |  | | | | | | | |
| Dates of any upcoming meetings |  | | | | | | | |
| Are there any legal orders made in respect to the YP? | Yes | No | Is the YP subject to any current legal proceedings? | | | Yes | | No |

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| Has there been involvement from any of the other following agencies?  (if so please provide name(s), contact details and any current reports/letters) | | | | | | |
| **Service/Agency** | **Current** | | | **Previous** | | |
|  | **Yes** | **No** | **Dates** | **Yes** | **No** | **Dates** |
| Educational Psychologist |  |  |  |  |  |  |
| Specialist Teaching Service |  |  |  |  |  |  |
| BOSS |  |  |  |  |  |  |
| Education Welfare Officer |  |  |  |  |  |  |
| SALT |  |  |  |  |  |  |
| Police |  |  |  |  |  |  |
| Futures For Me (YOS) |  |  |  |  |  |  |
| CAMHS |  |  |  |  |  |  |
| Healthy Minds |  |  |  |  |  |  |
| GP |  |  |  |  |  |  |
| Counselling |  |  |  |  |  |  |
| Any other(s) Please name below |  |  |  |  |  |  |
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| **Personal Profile** | |
| **ABOUT ME**  Additional needs/support. How I like to be treated. How I like to be supported. | **WHAT I LIKE**  Hobbies/interests. What I am good at. |
|  |  |
| **THINGS I FIND DIFFICULT**  What I find difficult to do. Things that make learning harder. | **WHAT I DON’T LIKE**  What makes me angry. What I dislike doing. |

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| **Family Background** | | | |
| Who are the significant adults in your child’s life? | |  | |
| Do these adults live at home with the child? | | Yes No  Details: | |
| **Who are the children in your child’s family?** | **How old are they?** | **If they are not siblings, please advise?** | **What school do they attend?** |
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Please list the young persons previous settings, with dates if possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & address of setting** | **Date from** | **Date to** | **Reason for leaving** |
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**Positive Behaviour Management and Handling Strategies awareness form**

We do not require your permission to use reasonable force to control or restrain pupils, should we deem it necessary. However, we feel it is vital that parents and carers understand the circumstances under which such intervention might be needed.

Put simply reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. The following list is not exhaustive but provides some examples of situations where this circumstance might arise;

* remove disruptive pupils from the classroom where they have refused to follow an instruction to do so
* prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
* prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others or compromises their safety
* prevent a pupil from attacking a member of staff or another pupil
* prevent a pupil from harming themselves

All HSIS staff follow TeamTeach handling strategies which are all non-pain compliant and which will be used for the minimal possible time. TeamTeach is holistic approach to positive behaviour management that is designed to understand and help prevent negative behaviour. Any use of TeamTeach handling strategies will be **Reasonable, Proportionate and Necessary**. You can find out more here – [www.teamteach.co.uk](http://www.teamteach.co.uk)

If reasonable force is used to control or restrain your child we will contact you on the same day to explain the reasons why it was necessary and to answer any questions you may have.

|  |  |
| --- | --- |
| **Positive Behaviour Management and Handling Strategies awareness form** | |
| I understand that my child may be subject to the use of reasonable force by HSIS staff and that if this occurs it will be Reasonable, Proportionate and Necessary. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

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**Curriculum Access Permission Forms**

|  |  |
| --- | --- |
| **Off-site Curriculum Access permission form** | |
| I hereby give permission for my child to participate in the HSIS curriculum away from the main school site. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

|  |  |
| --- | --- |
| **Adventurous activities (including water-based) permission form** | |
| I hereby give permission for my child to participate in adventurous activities, some of which may be water-based, that are organised by HSIS staff as part of my child’s curriculum. | |
| Is your child confident in water? | Yes No |
| Is your child able to swim 25m unaided? | Yes No |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

|  |  |
| --- | --- |
| **Educational Visits permission form** | |
|  | |
| I hereby give permission for my child to participate in educational visits that are organised by HSIS staff as part of my child’s curriculum. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

|  |  |
| --- | --- |
| **School Transport permission form** | |
| I hereby give permission for my child to be transported using school vehicles in order to access their off-site curriculum, attend educational visits and for any other reason that the school deems necessary. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

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**School Expectations awareness form**

At Holton Sleaford Independent School (HSIS) we believe that in order to effectively facilitate our curriculum offer and to meet the Social, Emotional and Mental Health (SEMH) needs of our pupils there are three non-negotiable areas where we require your support as parents or carers.

**Uniform**

Firstly, we believe the wearing of a uniform will help to instil a sense of belonging in our pupils. This doubles up as an easy and essential means of identification when pupils are off-site. We expect that as parents/carers you ensure that your child attends school in the correct uniform.

Our uniform code is as follows:

* School Polo and Sweatshirt (3 Polos and 1 Sweatshirt will be provided by HSIS)
* Tracksuit Bottoms or Shorts (Black, Grey or Navy Blue)
* Trainers

We believe that our uniform requirements are reasonable and easily achievable, we will not under any circumstances allow jeans, hoodies or caps to be worn.

If for whatever reason you are unable to send your child to school in the correct uniform, we require you to contact us either by phone or e-mail stating why this is the case. We also reserve the right to refuse your child access to the school day if they are not in uniform. In the first instance we will arrange for transport back home, thereafter you will be responsible for collecting your child from school.

**Medication**

Secondly, we understand that many pupils with SEMH needs may be prescribed medication. Wherever possible, if a pupil has been prescribed medication, they must attend school having taken their medication. If pupils require medication to be given during the school day it your responsibility to ensure that there is sufficient supply in school for your child’s daily needs. The school will be able to keep medication on-site in a locked cabinet.

If HSIS staff are informed or believe that a pupil has not been medicated, then the pupil concerned will be returned home unless as parents/carers you can confirm the medication was taken.

**School Property**

Finally, pupils at HSIS will be provided with all the equipment and resources that they will need to access our unique curriculum, many of these items are high value, such as laptops and mountain bikes. We believe that part of our pupils’ behavioural journey will be seeking to have respect for themselves, others and the equipment they need to access their education no matter what it’s value and that’s a message we would like you to reinforce.

We are aware that natural wear and tear occurs and that sometimes accidents happen, however, if a pupil maliciously damages school property, then we will invoice that pupil’s parent/carer for the cost of replacing the item(s) concerned.

|  |  |
| --- | --- |
| **Uniform Policy awareness form** | |
| I understand that my child may be sent home if they are not in school uniform, furthermore I understand that after the first such instance it will be my responsibility to collect my child from school. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

|  |  |
| --- | --- |
| **Medication Policy awareness form** | |
| I understand that my child may be sent home if they have not taken or refuse/are unable to take prescribed medication. I also understand that after the first such instance it will be my responsibility to collect my child from school. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

|  |  |
| --- | --- |
| **School Property awareness form** | |
| I understand that I may be invoiced for any malicious damage to school property caused by my child. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

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**Photos and Other Media permission forms**

As part of evidencing your child’s progress we will occasionally need to use photos or other media such as short videos to illustrate their participation and success in certain activities. We must have your permission for this as it is necessary for the completion of a number of qualifications that we offer.

|  |  |
| --- | --- |
| **Photos and Other Media permission form - Internal Use** | |
| I hereby give permission for photos and other media taken of my child to be used to evidence any relevant qualifications for which they are working towards. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |

We would also like to ask that you allow images of your child to be used to celebrate their success, for example on the school website [www.holtonsleafordindependentschool.co.uk](http://www.holtonsleafordindependentschool.co.uk) and in the school newsletter. This permission is not essential.

|  |  |
| --- | --- |
| **Photos and Other Media permission form - External Use** | |
| I hereby give permission for photos and other media taken of my child to be used in school publications. | |
| Name of pupil |  |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date of signature |  |