Admissions Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

Clarity Independent School is committed to safeguarding...

"Our school is committed to our whole-school approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes and policies...We promote an environment where children and young people feel empowered to raise concerns and report incidents and we work hard in partnership with pupils, parents and caregivers to keep children safe."

Clarity Safeguarding Policy September 2026

Written By: D Hanson

This is version [7.1]
Mid-year update: July 2026 for April 2026
Updated by: Mrs Debbie Hanson

Clarity Independent School

Clarity Independent School caters for pupils with a range of Specific and Moderate Learning Difficulties in KS1, 2, 3 and 4.

Special provision is made for the following needs:

- Cognitive and Learning Needs
- Specific Learning Difficulties (SpLD)
- Moderate Learning Difficulties
- Behavioural, Emotional and Social Needs
- Social Emotional Mental Health (SEMH) difficulties
- Development Needs
- Communication and Interaction Needs
- Speech, Language and Communication Needs (SLCN)
- Autistic Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Sensory and/or Physical Needs
- Visual Impairment
- Physical Disability

All the above also applies to children looked after by the local authority (Section 22 Children's Act 1989).

All children attending Clarity Independent School are usually in receipt of an Education, Health Care Plan (EHCP) and have been referred by the Local Education Authority.

We fully understand that making the right choice of school is very important for the child and their family. Therefore, we encourage families and pupils to:

- Make an appointment to visit the school
- Talk to the Headteacher and other members of the school
- Reflect on what you have seen and heard
- Work with your current school and the Statutory Assessment Service regarding your decision (this may be the start or a continuation of the placement process)

Statutory Assessment Service SEND-Ops Team Contact Details:

Mid Essex (Braintree, Chelmsford, Halstead and Maldon):
0345 603 7638 or SENDOperations.Mid@essex.gov.uk

North East Essex (Colchester and Tendring):
0345 603 7638 or SENDOperations.NE@essex.gov.uk

South Essex (Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford)**:**
0345 603 7638 or EHCRequestSouth@essex.gov.uk

West Essex (Epping, Harlow and Uttlesford):
0345 603 7638 or SENDOperations.West@essex.gov.uk

Havering
01708 431885 or sen@havering.gov.uk

Southend
01702 215246 or SENTeam@southend.gov.uk

Clarity Independent School may be named as the preferred setting for a pupil during the placement process if the Local Authority agrees to refer the child / young person to the school and the school agrees to the placement.

The parent may disagree with the Local Authority's decision not to place a child at Clarity. The Local Authority offers the following advice regarding Mediation and Tribunals:

Essex:
https://send.essex.gov.uk/appeals-advice-and-mediation/step-by-step/mediation-and-tribunals

Havering:
https://familyserviceshub.havering.gov.uk/kb5/havering/directory/advice.page?id=bJI7xinYnS8

Southend:
https://www.sendiasssouthend.co.uk/parents-and-carers/ehc-plans/tribunal-appeals/

All applications will be given serious consideration by the Head Teacher, Debbie Hanson. However, if Clarity Independent School determines that admitting a child would be incompatible with the provision of efficient education, it will, within 15 days of receipt of the local authority's notice, notify the local authority in writing that it does not agree to be named in the pupil's statement or EHCP. Such notice will set out all the facts and matters the Head Teacher relies upon in support of its contention that:

(a) admitting the child would be incompatible with efficiently educating other children
(b) the school cannot take reasonable steps to secure this compatibility
(c) the school cannot meet the specific SEND needs of the pupil

As an independent provision, the final decision regarding allocation of places is at the discretion of the Head Teacher.

Overall responsibility for admissions to **Clarity Independent School** rests with the Head Teacher:

Debbie Hanson, Head Teacher

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Parent Induction Meeting

Use Alongside Completed Admission Form

Pupil / Student Name		**D.O.B**	
Year Group Current		**Year Group for Placement (if different)**	
EHCP Date initiated		**School received most recent copy?**	
PIM conducted at school?		**OR PIM conducted at home?**	
PIM completed by (initials staff)		**PIM Completed (date)**	
**** Remind parents / carers that they can at any time request more information about the school, its policies and procedures. If electronic or paper copies are required, please speak to the school office on 01245 408 606 or email admin@clarity.essex.sch.uk. (Issue compliment slip with school contact details.)**			

Notes from Previous Paperwork if relevant (prompts for staff member undertaking home and school tours)	
SECTION ONE: CONTACT DETAILS Please see Admissions Form for other information	
NAME OF PARENT/CARERS (who pupil lives with)	
CONTACT NUMBERS	
EMAILS	
SIGNIFICANT OTHER/S (e.g. non-resident parent)	
CONTACT NUMBER	
ADDRESS	

EMERGENCY CONTACT DETAILS (this MUST be at least one other person not living with the child)	
Who has PR?	
Is pupil a Looked After Child?	
Is pupil on the CP Register?	
Is pupil a Child in Need?	
SEND CONTACT NAME AND AT WHICH LEA?	
GENERAL PRACTIONER	
CONTACT NUMBER	
ADDRESS	

SECTION TWO: SCHOOL HISTORY AND EXPERIENCES OF LEARNING

(Staff see Admissions form and populate as much of this from SEND paperwork first before PIM meeting)

SENDCO

Identified SEN Provision outlined in Part 3 of the Statement of Special Educational Needs or Education Health and Care Plan and SEN Recommendations (i.e. SALT, OT, developmental and education interventions) - Please only include significant or unusual provision such as equipment which the pupil may need here. Otherwise please refer to the EHCP.	
What has school been like for you? (Pupil's perspective on education, their views on what went well or not so, level of insight and responsibility for incidents and exclusions)	

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Parent(s)/Carer(s) perspective on previous education experience?		
Current Academic Levels [state where and when assessed]:		
What are your strengths? (both academic and personally I.e. social skills, humour, favourite subjects)		
What do you find difficult about learning? What support has been useful to you in the past? What makes learning easy for you? (Preferred learning style(s), visual prompts, small class size, low stimulus)		
Parent(s)/Carers(s) perspective of academic needs: (specific learning needs, subject specific issues or academic support) What do you think/hope our School can offer? (Subjects, social engagement, specific curricular areas, emotional and behavioural support, employment ambitions). Explain our 5 approaches to the curriculum (in Curriculum Policy).		

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Attendance	
Current Attendance? (% or description from parent) (Outline reason for level of attendance including ongoing sickness, exclusions etc.) N.B Please establish is pupil was f/t or p/t and whether they were on reduced hours per day as we need this information to establish current attendance %.	
Emotional and Behavioural Needs (SEMH – SENDCO)	
Do you have any hobbies or after school activities? What do you enjoy doing in your spare time?	
Parent(s)/Carers(s) perspective on emotional and behavioural needs: (does the pupil require social skills support, anger management, anxiety management etc.)	
Have there been any episodes of violent behaviour towards other people or their property? (specific details, convictions, consequences) **Please complete risk matrix with family and attach with PSA**	
Has pupil had RPI's in previous placements or at home? (explain Therapeutic Thinking programme and complete positive handling plan at the back of this form)	
Briefly explain our Green Pass checklist and its rationale	

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Safeguarding (DSL)	
Who lives at home? (relationships with siblings, parents/carers)	
Which members of the pupil's family do they see regularly?	
What language is spoken at home? (Is a translator required?)	
Are there any health issues we should be aware of? (including physical difficulties and psychological disorder(s) such as ODD, ADHD, Depression, Anxiety, ASC and the symptoms)	*SLT - relay this information to DH immediately after meeting…*
Do they have any allergies? (Treatment required i.e. epi pen) or specific dietary requirements? (e.g. halal, kosher, vegetarian)	*SLT - relay this information to DH immediately after meeting…*
Do they take any medication? (include name of medication, dose and when it is administered)	
Are there any known concerns regarding self-harm? (Obtain details regarding means, severity, frequency, triggers and useful strategies)	
Are there any health issues within the family that we should be aware of? (include any physical or psychological health needs that impact on the pupil)	*SLT - relay this information to DH immediately after meeting…*
Is there any previous or current drug, alcohol or substance misuse? (substance, frequency, triggers, useful strategies or support)	
Are there specific threats/risks in relation to trips out? (Areas where pupil cannot go, risk from others including gangs, family members etc.)	
Are there any existing issues concerning the pupil's safety, or the safety of other people they / you know that they come into contact with? (include CP concerns, community conflict, gang affiliation)	

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AGENCIES INVOLVED	Yes/No	Named person and contact details
SET CAMHS		
SOCIAL CARE		
YOT		
FAMILY SOLUTIONS		
YOUNG CARERS		
OTHER:		

(SCHOOL USE ONLY):

Information explained to parent at PIM: Explain the following information about the school's policies / procedures to the parents / care-givers, then sign the box to confirm.

Content to be explained by SLT and signed off	**Tick Yes**	**Signature (SLT once completed / explained to parent)**	**Date**
Summarise communication procedures from School Communication Policy			
Therapeutic Intervention Plan example explained (De-escalation plans). NB remember these are needed for anxiety too, not just behaviour incidents.			
Example RPI's explained, reasons used, photos on policy shown to Parent/Carer in case of use at school.			
Is there a likely need to refer to make a personal risk reduction plan and RPI home school agreement at a separate meeting? Y / N		*(Sign here if this has been explained at PIM and further meeting is arranged):* *Date meeting to take place:*	
Home-School Agreement from Admissions Policy issued to parent		*Let Office know to monitor its return and for them to give completed one to DH to sign off*	
Other Consent forms needed (SLT to identify, Office to issue to parent): **E.g. SOS wellbeing permission form?** **SALT permission form?** **OT permission form?** **Other ……**		*Let Office know to monitor their return*	
Is there likely need to form a PEEP (Personal Emergency Evacuation Plan) for this pupil? Y [ ] / N [ ]		*Notify DH immediately if so*	
Is there likely need to form an IHCP (Individual Health Care Plan) for this pupil? Y [ ] / N [ ]			

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If so, please notify the H+S Manager immediately… (DH, Headteacher)		*Notify DH immediately if so*	
Now pass onto Office to handle rest of Admissions procedure (containing mobile phone handing in, excursions permission, medical treatment etc.)			

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RISK ASSESSMENT MATRIX

Notes: Please rate each risk according to the categories below on a SCALE OF SEVERITY OF 1 (LOWEST) to 5 (HIGHEST)

		Frequency	Intensity	Duration	Total Risk Rating
Verbal Abuse	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Physical Abuse (Non-Injurious)	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Physical Abuse (Injurious)	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Threatening Behaviour	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Bullying / Harassment	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Prejudicial Language/ Behaviour	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Unsubstantiated Allegations	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				
Sexualised Behaviour	Pupils/Peers				
	Professionals				
	Visitors/Public/Other				

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Risk of:	Frequency	Intensity	Duration	Total Risk Rating
Damage to property				
Repetitive Disruptive behaviour				
Substance Abuse				
Improvised weapon				
Weapon				
Absconding				
Deliberate self-harm				
Child Protection Risk (CSE)				
Misuse of equipment				
Extreme withdrawal / disassociation (e.g. trauma response)				
Other (Please stipulate)				

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Clarity Individual Pupil Risk Assessment

This risk assessment must be completed for all pupils when they are first placed at clarity independent school. This risk assessment should be reviewed every half term or immediately following a significant change in behaviour or a significant event involving risk to self or others.

This form must be completed in full.

Pupil Name:		IRA Review Date:		Head teacher signature:	
Pupil Start Date:		Medical Information / diagnoses:			
PEEP plan: Y / N (highlight)		IHCP: Y / N (highlight)		On Medication: Yes ☐ No ☐ *(Please see IHCP for further confidential information where relevant)*	School Contact No: 01245 408 606
Triggers		**Risk**		**Strategies**	
Likes				**Dislikes**	

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Chronology Worksheet Template of Significant Events *[inc. school transfers]* if needed to use for recording during PIM:

Pupil: **DOB:**

Date of Event	Significant Event	Source	Impact	Outcome	Entered By Name & Agency	Date of Entry

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Appendix 2: Pupil Admission Form

Pupil's Details	
Legal First Names *(include any middle names)*	
Legal Surname	
Sex (M / F)	
Preferred name	
Date of Birth	
Year group entering	
Home Address (including postcode)	

Parents/Carers and Contact details **MUST HAVE ONE EXTRA OUTSIDE THE HOME:**		
1st Priority Contact Name:		
Relationship to pupil:		
Legal Guardian?	Yes / No (Please circle)	Can collect? Y/N (Please circle)
Home telephone number:		
Mobile number:		
Address (including postcode):		
Email address:		

2nd Priority Contact Name:		
Relationship to pupil:		
Legal Guardian?	Yes / No (Please circle)	Can collect? Y/N (Please circle)

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Home telephone number:	
Mobile number:	
Work number:	
Address (including postcode):	
Email address:	
It is a requirement that an additional 3rd contact from outside the home is provided (in addition to parent(s)), as an emergency contact. This contact must be able to collect the young person in an emergency should parents / carers not be available.	

3rd Priority Contact Name:		
Relationship to pupil:		
Legal Guardian?	Yes / No (Please circle)	Can collect? Y/N (Please circle)
Home telephone number:		
Mobile number:		
Work number:		
Address (including postcode):		
Email address:		

Further Contacts Permitted to Collect your Young Person		
Name:		
Relationship to pupil:		
Legal Guardian?	Yes / No (Please circle)	Can collect? Y/N (Please circle)
Home telephone number:		
Mobile number:		
Work number:		
Address (including postcode):		
Email address:		

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Additional details:
Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education': Yes/No (Please circle)

Previous school History

Full Name of School *(Please include full address and postcode)* *(Most recent first)*	**Year groups attended (please estimate if unsure)**	**Approximate Start Date**	**Approximate Leaving date**

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Medical Information

I DO / DO NOT (please circle as appropriate) give consent to share my child's medical information with the NHS.	**Signed:**

Doctors Name	
Surgery Address	
Telephone No.	
Does your child suffer with any medical conditions or allergies?	Yes / No *[If Yes, please complete the required information below]*
Declaration:	"My child **does / does not** suffer with asthma," (pls delete as appropriate.)
Does your child have an Individual Medical Care plan?	Yes / No *[If Yes, please provide a copy of this]*
Does your child have any Dietary needs, aversions or difficulties. Please give details.	*E.g. Gluten free, Dairy free, Vegetarian, Vegan, Halal, Sensory Aversions to food smells/textures etc.*
Any other sensory difficulties?	

Medical Conditions/ Allergies	Medication required?	Name of Medication (and dosage)	Time/Frequency taken

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Ethnicity

To help us in monitoring equal opportunities you are asked to complete the following:

Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.) Please tick / circle.

White - British	Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)
White – Irish	Black or Black British - Caribbean
White - Traveller of Irish Heritage	Black or Black British - African
White - Gypsy/Roma	Any other Black background
White - Any other White background	Chinese
Mixed - White and Black Caribbean	Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)
Mixed - White and Black African	Asian or Asian British - Indian
Mixed - White and Asian	Asian or Asian British - Pakistani
Mixed - Any other mixed background	
Asian or Asian British - Bangladeshi	I do not wish an ethnic background to be recorded.
First language	Language(s) used at home
Religion, e.g. Christian, Muslim, Jewish, etc.	

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Family Support Services

Is the child currently in the care of the local authority?	**Yes/No**	Start Date:	
		Name of Social Worker:	
		Local Authority:	
Have Social Care been involved with the child/family?	**Yes/No**	Currently?	**Yes/No**
		Start Date:	
		End Date:	
		Name of Social Worker:	
		Local Authority:	
Have any other Family Support Services been involved with the child or family?	**Yes/No**	Currently?	**Yes/No**
		Start Date:	
		End Date:	
		Name of Support Worker:	
		Location:	

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Consent

	Signed	Dated
I give permission or my child to be taken out into the local area, under supervision, during school time. (to visit local church/shops/library/park etc)		
I understand that any technology my child brings to school, e.g. mobile phone, headphones, iPad etc. will need to be handed in upon arrival each day and will be held safely in the office for the school day until the end of the school day.		
I give permission for my child to be photographed for use in school only.		
I give permission for my child to be photographed for use in selected publications e.g. School Website/School Newsletter/SEND paperwork (such as EHCPs) *[authorised by the Head teacher or Deputy head teacher only].*		
I give permission for my child to be filmed for use in school only.		
I give permission for my child to be filmed for use in selected publications, eg. School Website *[authorised by the Head teacher or Deputy head teacher only].*		

This information was provided by_____

Relationship to the child_____

Signed_____Date_____

Thank you for completing this form.

Please inform the office of any changes of address or contact telephone numbers as soon as possible.

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Appendix 3: Home-School Agreement

Name:

As a school, we will:

- Support your young person's wellbeing and safety by providing a safe, supportive and caring environment
- Nurture and encourage your young person to reach their full potential
- Monitor and update on your young person's progress regularly across the week, in addition to parent meetings, termly One Plan reviews, Annual Reviews and in annual end of year written reports
- Communicate any concerns about your young person's attendance / behaviour / wellbeing with you as their parents or care-givers as early as possible, and respond to any concerns from your young person or parents / care-givers in a timely manner
- Provide a broad and balanced curriculum that caters for all young people, including when delivered remotely
- Promote high standards of self-regulation teaching and learning, working with your young person individually to ensure they can manage this effectively
- Outline clear expectations in our Behaviour Policy so we can maintain a safe environment for all young people
- Where this is agreed with parents / care-givers, set homework that supports the delivery of the curriculum and mark it where appropriate
- Offer opportunities for parents and care-givers to get involved in school life
- Communicate between home and school through notices, newsletters, text, email, phone calls and the school website in accordance with your preferences

Parents / care-givers:

If you would like to ask questions about any of the following items before signing, please put a question mark (?) the right-hand column and we will be happy to discuss with you, otherwise please tick.	
I will:	√ or ?
Make sure my young person attends school every day that they are not poorly enough to have to see a doctor, and ensure they are ready for their taxi on time. I will notify the school before 9.15am if my young person will be absent and provide the reason, by email to admin@clarity.essex.sch.uk.	
Work with the school to agree a plan to support their attendance if my young person is absent from school for any unauthorised reason, or persistently absent.	
Book holidays and days off that involve my young person *outside* of term times to support his/her attendance as much as possible.	
Make sure my young person is dressed in the correct uniform and brings the necessary equipment to school. (I will speak to the Business Manager if I have financial difficulty providing uniform.)	
Support the school to make sure my young person maintains a consistently high standard of behaviour and work with the school on self-regulation strategies.	

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Encourage my young person to try their best so they can reach their full potential.	
Communicate to the school any concerns that I have about my young person that may affect their behaviour in school, or their ability to learn.	
Make sure communication with the school is collaborative, and that I make every reasonable effort to address my communications to the appropriate member of staff, according to the Home/School Communication Policy.	
Understand that I can phone the school during the core office school hours of 8.30am – 4.30pm (or email any time), leaving a message or requesting a call back if necessary. *Teaching staff are only able to contact me back by phone or email between 3pm and 4.30pm where possible, or the next day.	
Make sure that my young person completes their homework on time (where applicable) and raises any issues with their teachers.	
Read and follow the school's policies.	
Treat all members of the school community with equal value, with care and respect.	
Join in parent meetings and work together with the school in order to achieve the best outcomes for my young person.	
Read any communications sent home by the school and respond where necessary.	

Pupils, I will:

	Ready to agree to this	Nearly ready to agree	Not ready yet
Be ready to come to school on time, and come to my activities / lessons on time every day, ready to take part.			
If I am struggling to be ready to learn, I will work with my teachers using my strategies.			
Try my best to do my work and ask for help if I need it.			
Accept help when I need it.			
Speak to an adult about any issues I'm experiencing that may affect my work or ability to stay regulated – using my agreed communication strategies if I am unable to speak about it (e.g. my 'chillout card' etc.)			
Speak to an adult about any concerns I have about my own or other pupils' safety.			
Wear the correct school uniform.			
Keep my mobile phone in the school phone box where it will be safe until I get it at home time.			
Treat all members of the school community with care and respect.			
Look after school equipment, and show respect for the school environment and local community.			
Understand and follow the rules for my class and the school.			

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Signed	Name	Date	Role / parent / care-giver
			Parent / care-giver
			Parent / care-giver
			Pupil
			Senior Leadership Team

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