



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 care-givers to keep children safe."

Clarity Safeguarding Policy September 2022

**This is version [4]
Updated Date: 4.4.23
Name: Admissions Policy
Updated by: D Hanson**

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)
- 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 must be in receipt of an Education, Health Care Plan (EHCP) and 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 Head Teacher 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):
0333 013 9949 or SENDOperations.Mid@essex.gov.uk

North East Essex (Colchester and Tendring):
0333 013 7667 or SENDOperations.NE@essex.gov.uk

South Essex (Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford):
0333 013 4736 or EHCRequestSouth@essex.gov.uk



West Essex (Epping, Harlow and Uttlesford):

0333 013 9911 or SENDOperations.West@essex.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:

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

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.

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

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

Debbie Hanson, Head Teacher

Appendix 1: Pre-Service Assessment

Pupil / Student Name		D.O.B:	
Proposed School		Year Group	
Home Visit		School Visit	
PSA completed by		PSA Completed date	
PSA Assessor Signed		EHCP – date initiated	
Approval to Place Mtg		Date Approved	
Need / Risk Level and Comments	Green – Standard School placement Amber – Enhanced support in school Red – Part-time/outreach Placement		
** 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 (prompts for staff member undertaking home and school visit/s)

SECTION ONE: CONTACT DETAILS

STUDENT/ Pupil NAME	
YEAR GROUP	
DATE OF BIRTH	
ETHNICITY	
RELIGION	
ADDRESS	
NAME OF PARENT/CARER (who pupil lives with)	
CONTACT NUMBER	
EMAIL	
SIGNIFICANT OTHER/S (e.g. non-resident parent)	
CONTACT NUMBER	
ADDRESS	
EMERGENCY CONTACT DETAILS	

Who has PR?	
Is pupil a Looked After Child?	
Is pupil on the CP Register?	
Is pupil a Child in Need?	
SEND CONTACT NAME	
CONTACT NUMBER	
ADDRESS	
GENERAL PRACTITIONER	
CONTACT NUMBER	
ADDRESS	
SECTION TWO: SCHOOL HISTORY AND EXPERIENCES OF LEARNING	
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 badly?, level of insight and responsibility for incidents and exclusions)	
Parent(s)/Carer(s) perspective on previous education experience?	
Current Academic Levels [state where and when assessed]:	
Current Attendance? (%) (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 %.	
What are your strengths? (both academic and personally i.e. social skills, humour, favourite subjects)	



<p>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)</p>	
<p>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).</p>	
<p>Parent(s)/Carers(s) perspective on emotional and behavioural needs: (does the pupil require social skills support, anger management, anxiety management etc.)</p>	
<p>Parent(s)/Carer(s) expectations of what our school can offer: (Aims of provision, employment ambitions, specific support)</p>	
<p>Do you have any hobbies or after school activities? What do you enjoy doing in your spare time?</p>	
<p>Who lives at home? (relationships with siblings, parents/carers)</p>	
<p>Which members of your family do you see regularly?</p>	
<p>What language is spoken at home? (Is a translator required?)</p>	
<p>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)</p>	



Do you have any allergies? (Treatment required i.e. epi pen) or specific dietary requirements? (e.g. halal, kosher, vegetarian)	
Do you 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)	
Is there any previous or current drug, alcohol or substance misuse? (substance, frequency, triggers, useful strategies or support)	
Are there any existing issues concerning your safety, or the safety of other people you know? (include CP concerns, community conflict, gang affiliation)	
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)	
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	
Are there specific threats/risks in relation to trips out? (Areas where pupil cannot go, risk from others including gangs, family members etc.)	
Has pupil had RPI's in previous placements or at home? (explain Step Up programme and provide leaflet, <u>complete positive handling plan at the back of this form</u>)	
AGENCY	Yes/No Named person and contact details
SET CAMHS	
SOCIAL CARE	
YOT	
FAMILY SOLUTIONS	
YOUNG CARERS	
OTHER:	

Outcome of Pre-Service Needs and Risk Assessment: (This should include a summary of the findings following the School and Home Visit in regards whether the pupil would be appropriately placed within Clarity School. This section should include recommendations regarding therapeutic and academic interventions. Please outline specific risks the pupils could present with.)

Consent forms: Explain to parent(s)/Carers that we have a number of consent forms that require signing and that the issues in the consent forms have varying degrees of risk attached to them, explain we carry out activity risk assessments. It is important to note that signing the consent forms does not mean that their young person is being accepted on the programme but is an administrative issue as part of the PSRA.

Consent Form	Yes	No	Signature	Date
Summarise communication procedures from Communications Policy				
Partnership Agreement between parent, young person and SLT (DH to sign this off).				
RPI's explained, reasons used, and photos on policy shown to Parent/Carer				
Need to refer to make risk reduction plan and RPI home school agreement? Y / N				
Other Consent forms: (please write in name of form and ensure parent/carer signs this form)				
Pass onto Office to handle Admissions Form (containing mobile phone handing in, excursions permission, medical treatment)				

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				

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				
Other (Please stipulate)				



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 Start Date		Review Date:		Head teacher signature;	
1. Pupil Name				School Contact No	
Parent Contact No:				Medical Information	None <input type="checkbox"/> On Medication <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Triggers	Risk			Strategies	
Likes			Dislikes		

Chronology Template of Significant Events *[inc. school transfers]*:

Pupil:

DOB:

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



Appendix 2: Pupil Admission Form

Pupil's Details	
Legal First Names <i>(include any middle names)</i>	
Legal Surname	
Preferred name	
Date of Birth	
Year group entering	
Home Address	
Office please see PSA form for previous schools attended and leaving dates for Arbor.	

Parents/Carers and Contact details:	
1st Priority Contact Name:	
Relationship to pupil:	
Legal Guardian?	Yes / No (Please circle)
Home telephone number:	
Mobile number:	
Address:	
Email address:	

2nd Priority Contact Name:	
Relationship to pupil:	
Legal Guardian?	Yes / No (Please circle)
Home telephone number:	



Mobile number:	
Work number:	
Address:	
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)
Home telephone number:	
Mobile number:	
Work number:	
Address:	
Email address:	

Further Contacts Permitted to Collect your Young Person

Name:	
Relationship to pupil:	
Legal Guardian?	Yes / No (Please circle)
Home telephone number:	
Mobile number:	
Work number:	
Address:	
Email address:	

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)

Medical Information

I DO / DO NOT (please circle as appropriate) give consent to share my child's medical information with the NHS.	Signed:
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Doctors Name	
Surgery Address	
Telephone No.	
Does your child suffer with any medical conditions or allergies?	Yes / No <i>[If Yes, please complete the required information below]</i>
Does your child have an Individual Medical Care plan?	Yes / No <i>[If Yes, please provide a copy of this]</i>
Does your child have any Dietary needs, aversions or difficulties. Please give details.	<i>E.g. Gluten free, Dairy free, Vegetarian, Vegan, Halal, Sensory Aversions to food smells/textures etc.</i>
Any other sensory difficulties?	

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

Ethnicity

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

Country of birth

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.	



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:	

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 eg. School Website/School Newsletter/SEND paperwork (such as EHCPs) <i>[authorised by the Head teacher or Deputy head teacher only]</i> .		
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 <i>[authorised by the Head teacher or Deputy head teacher only]</i> .		



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.