

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 2023

Written By: D Hanson

This is version [4.6]

Mid-year update: November 2023

Updated by Name: Mrs Debbie 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 admissions to **Clarity Independent School** rests with the Head Teacher:

Debbie Hanson, Head Teacher



Parent Induction Meeting

Pupil / Student Name	D.O.B:
Proposed School	Year Group
Home Visit	School Visit
PIM completed by	PIM Completed date
PIM Staff 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 (Staff to get from Admissions Form to avoid over-use of parents' / care-givers' time) 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					
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)	Notes from Previous Paperwork (prompts for staff member undertaking home and school visit/s)				
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ADDRESS NAME OF PARENT/CARER (who pupil lives with) CONTACT NUMBER EMAIL SIGNIFICANT OTHER/S (e.g. non-resident parent)	ETHNICITY				
NAME OF PARENT/CARER (who pupil lives with) CONTACT NUMBER EMAIL SIGNIFICANT OTHER/S (e.g. non-resident parent)	RELIGION				
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SIGNIFICANT OTHER/S (e.g. non-resident parent)	CONTACT NUMBER				
parent)	EMAIL				
CONTACT NUMBER					
	CONTACT NUMBER				



ADDRESS	
ADDICESS	
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 PRACTIONER	
CONTACT NUMBER	
ADDRESS	
SECTION TWO: SC	HOOL HISTORY AND EXPERIENCES OF LEARNING
	populate as much of this from SEND paperwork first before
	populate as much of this from SEND paperwork first before PIM meeting)
(Staff see Admissions form and	populate as much of this from SEND paperwork first before
(Staff see Admissions form and	populate as much of this from SEND paperwork first before PIM meeting)
(Staff see Admissions form and Identified SEN Provision outlined in Part 3 of the Statement of	populate as much of this from SEND paperwork first before PIM meeting)
Identified SEN Provision outlined in Part 3 of the Statement of Special Educational Needs or	populate as much of this from SEND paperwork first before PIM meeting)
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(Staff see Admissions form and 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) -	populate as much of this from SEND paperwork first before PIM meeting)
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AND THE PROPERTY OF THE PROPER		
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).		
	Attendan	nce
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 %.	and Daha i	Landa (CENALL CENIDOC)
Emotional	and Behavioural Ne	eeds (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.)	
Parent(s)/Carer(s) expectations of	
what our school can offer: (Aims of	
provision, employment ambitions, specific support)	
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 Step	
Up programme and provide leaflet, <u>complete</u>	
positive handling plan at the back of this form) Briefly explain our Green Pass	
checklist and its rationale	
checking and its rationale	Safoguarding (DCL)
	Safeguarding (DSL)
Who lives at home? (relationships with	
siblings, parents/carers)	
Which members of your family do	
you 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)	



The same of the sa		
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 specific threats/risks in		
relation to trips out? (Areas where pupil cannot go, risk from others including gangs, family members etc.)		
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)		
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 Independent 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 PIM IRA.

Consent Form	Yes	No	Signature	Date
Summarise communication procedures from				
Communications Policy				
Partnership Agreement between parent, young person				
and SLT from Admissions Policy (DH to sign this off).				
Therapeutic Intervention Plan example explained (De-				
escalation plans) NB remember these are needed for				
anxiety too, not just behaviour incidents				
Is there a likely need to refer to make risk				
reduction plan and RPI home school agreement?				
Y/N				
RPI's explained, reasons used, and photos on policy				
shown to Parent/Carer				
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
	Pupils/Peers				
Verbal Abuse	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Physical Abuse (Non-Injurious)	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Physical Abuse (Injurious)	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Threatening Behaviour	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Bullying / Harassment	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Prejudicial Language/ Behaviour	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Unsubstantiated Allegations	Professionals				
	Visitors/Public/Other				
	Pupils/Peers				
Sexualised Behaviour	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				
Extreme withdrawal / disassociation (e.g. trauma response)				
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	On Medication Yes No
Triggers			Risk	(Strategies
Likes				Dislikes		



Chronology Worksheet Template of Significant Events [inc. school transfers] if needed:

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					
(include any middle names)					
Legal Surname					
Preferred name					
Date of Birth					
Year group entering					
Home Address					
	Davisia	to/Covers and Combact dataile.			
	Paren	its/Carers and Contact details:			
1 st Priority Contact Name:					
Relationship to pupil:					
Legal Guardian?		Yes / No (Please circle)			
Home telephone number:					
Mobile number:					
Address:					
Email address:					
2 nd Priority Contact Name:					
Relationship to pupil:					
Legal Guardian?		Yes / No (Please circle)			
Home telephone number:					
Mobile number:					



Work number:	
Address:	
Email address:	
-	3 rd contact from outside the home is provided (in addition to
	This contact must be able to collect the young person in an
emergency should parents / carers no	ot be available.
3 rd 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)

Previous school History

Name of School and town (Most recent first)	Year groups attended (please estimate if unsure)	Approximate Start Date	Approximate Leaving date



Medical Information

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

Doctors Name	
Surgery Address	
Telephone No.	
Does your child suffer with any medical conditions or	Yes / No
allergies?	[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
		<i>.</i>	



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.

	Any other Asian background (This includes African
White - British	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
	Any other ethnic group – please circle one.
	(This includes Afghan, Arab, Egyptian, Filipino, Iranian,
Mixed - White and Black Caribbean	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: Currently?	Yes/No
Have Social Care been	Yes/No	Start Date:	Tesy NO
involved with the	-	End Date:	
child/family?		Name of Social Worker:	
		Local Authority:	
Have any other Family		Currently?	Yes/No
Support Services been	Yes/No	Start Date:	
involved with the child or		End Date:	
family?		Name of Support Worker: Location:	
		LUCATION.	



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) [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].		

Date	
	Date

Thank you for completing this form.

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



Appendix 3: Home-School Agreement

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 skills, 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:

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.	
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 <i>outside</i> 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.	
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.	



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 should communicate (phone) with staff during the core school hours of 9am – 3pm, requesting a call back, and they will contact me back by phone or email between 3pm and 6pm 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.	
Engage 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 for my taxi to come to school on time, and come to my lessons on time every day, ready to learn.			
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.			



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