

Admissions Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

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This is version [3]
Updated Date: 7.2.22
Name: Admissions Policy



Clarity Independent School caters for pupils with a range of 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
- 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).

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
- Inform your current school and the Statutory Assessment Service of your decision (this will begin the placement process)

Mid-Essex Statutory Assessment Service:

Causeway House,
Bocking End,
Braintree,
Essex,
CM7 9HB

Specialist Teacher Team: 0300 003 4125
Statutory Assessment Team: 0300 003 4131

Clarity Independent School may be named as the preferred setting for a pupil during the placement process. 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

Admissions Form

Child's Details

Name:

Date of birth:

Address:

Previous school:

Start date:

Parent /Carer

Contact 1:

Relationship to pupil:

Home (eve) tel.:

Mobile:

Day tel. (work):

Address:
(circle)

Parental responsibility: Yes / No (Please

Email:

Contact 2:

Relationship to pupil:

Home (eve) tel.:

Mobile:

Day tel. (work):

Address:
(circle)

Parental responsibility: Yes / No (Please

Email:

Additional person permitted to collect the child (in case of change of teaching location in future):

Name: _____ Relationship to child: _____

Home (eve) tel.: _____ Mobile: _____

Work (day) tel.: _____ Address: _____

- 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

- Dietary Needs/Food allergies – please indicate any dietary needs your child may have e.g. Gluten free, Nuts, Vegetarian:

Medical Details

<ul style="list-style-type: none"> I DO / DO NOT (please circle as appropriate) give consent to share my child's medical information with the NHS.

Doctors Name.	
Surgery Address.	
Telephone No.	

Does your child suffer with any medical conditions?	<p>Yes / No</p> <p><i>[If Yes, please complete the required information below]</i></p>
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Medical Condition	Any 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.

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 give permission for my child to be photographed for use in school only.		
I give permission for my child to be photographed for use selected publications eg. School Website/School Newsletter <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.