



Admissions

2021 New Starter Pack

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Check box;



Executive Head Teacher: Mr Chris Wilson BSc/MA





GENERAL ADMISSION ARRANGEMENTS

Transport

As Parents/Carers, you are responsible for getting your child to and from school. However, if you are **unable** to get your child to school and that you have exceptional circumstances, you may wish to apply to Travel Assist. We will be happy to support you in completing the Transport Referral form.

If a Transport Referral form is submitted, then the Local Authority will determine what level of assistance will be provided and notify you in writing. Should your application be declined, then you will have the right to appeal.

Travel Assist, are responsible for organising your transport arrangements. You can find more information from www.birmingham.gov.uk/school-travel

Independent Travel Training

School has a very strong Independent Travel Training Programme; we aim to develop independent skills suitable to each and every student.

Discussions and full agreement of parents and guardians are required before a travel training programme can commence. Programmes are written on an individual basis. Students will require different support and teaching in the skills they require to be safe travellers. Many of our students manage well with routine and structure. Independent Travel Training teaches coping strategies and the knowledge needed for those unplanned events. Some students may only require a short period of training, but for others this may be an ongoing process.

If successful, this would mean that some students who previously required highly specialist transport to school or college would be able to take public transport or walk independently.

For our students, being travel trained develops an important skill for life, it opens up many more social, educational and employment opportunities to fulfil their potential without being consistently reliant on parents and guardians.



SCHOOL MEALS

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The charge for School meals is £2.70 per day/£13.50 for five days. Dinner money **must be sent into school in a sealed, named envelope every Monday morning.**

The kitchen provides sandwiches and a salad bar as well as hot meals if your child prefers packed lunches.

If your child is entitled to FREE SCHOOL MEALS we are obliged to ask you to provide EVIDENCE OF ENTITLEMENT (i.e. Income Support proof in the form of a letter, bank statement etc.) please can this be sent to School with the application form. **Please note FREE meals cannot be allocated without this proof.** This should relate to one of the following benefits;

- Income Support (IS)
- Income Based Jobseekers Allowance (IB JSA)
- Support under part Vi of the Immigration and Asylum Act 1999
- Child Tax Credit – provided you are **NOT** also entitled to Working Tax Credit and have an annual gross household income of no more than £16,190
- The Guaranteed element of State Pension Credit
- Income Related Employment and Support Allowance
- Working Tax Credit run on – paid for 4 weeks after you stop qualifying for Working Tax Credit

This can be in the form of a letter, bank statement, booklet etc. and we will photocopy the evidence and return the original to you.

It is important for you to claim free School meals if you are entitled to them as the School is funded an additional £955 money for each student on free School meals or have qualified for Free School Meals in the last 6 years.



QUEENSBURY SCHOOL UNIFORM

We expect all students to wear School uniform. This can be purchased from any retailer, i.e. ASDA, TESCO, Marks & Spencer. You can order on-line from My Clothing at www.myclothing.com

Tesco will donate Queensbury 5% on any School uniform purchases made.

We ask that they wear the following:

- Navy Jersey / sweatshirt – no logo – just plain
- Blue / white shirt or Polo shirt
- Navy / Black trousers/skirt
- Grey / Navy / Black socks
- School Tie (optional)
- Dark shoes / trainers
- Navy Blue fleece jacket

PE KIT

- Navy or White polo or t-shirt
- Navy, Black or White shorts
- Navy socks
- Trainers (no restriction on colour)



ACCEPTANCE FORM

I wish to accept the offer of a place at Queensbury School for the academic year 2021-22*

I no longer require a place at Queensbury School for the academic year 2021-22*

(please delete as necessary)

Child`s first name Family name:

Date of Birth Male / Female

Address

.....
.....

| Contact 1 | Contact 2 |
|-------------------|-------------------|
| Name; | Name; |
| Address; | Address; |
| Telephone number; | Telephone number; |
| Email; | Email; |

Respite Address & telephone number (if applicable)

.....

Is this child in the care of the Local Authority? (e.g. Fostered by you): YES / NO

Present School:

Is your child currently an independent traveller? YES / NO

Do you usually escort your child to and from School? YES / NO

Does your child have a medical condition or behavioural needs, which means public transport is not suitable for your child? YES / NO

If so, what is that condition?

.....

Dinner Arrangements: PAID / FREE / PACKED LUNCH
(please delete as necessary)

Parent/Carer Name

Parent/Carer Signature.....



QUEENSBURY HOME-SCHOOL AGREEMENT

We work closely together to create a stable, happy, hardworking community where everyone matters and diversity is embraced. Students are supported to reach their goals and develop the skills of independence to become motivated and confident citizens.

| The School will: | I, the Parent/Carer will: |
|--|--|
| <ul style="list-style-type: none"> • Help your child achieve and progress as well as they can according to their abilities • Expect your child to work hard • Enable students in Key Stage 3 to following the National Curriculum and in Key Stage 4 and Key Stage 5 option courses will be provided based on developing a child's life skills and National Qualifications. • Have high standards in teaching, work and behaviour expectations. • Care for your child at School as a good parent of a large family. • Set homework in key areas on a regular basis. • Reports regularly on your child`s academic progress. • Support students in developing literacy and numeracy skills for life. | <ul style="list-style-type: none"> • Make sure that my child comes to School regularly, on time and wearing the School uniform. • Send a written note when my child: <ul style="list-style-type: none"> ○ Returns to School after being absent. ○ Needs to be excused from swimming or PE for medical reasons. ○ Has to leave School early. ○ Is late for School. ○ Is not wearing School uniform. • Support and encourage my child with homework tasks. • Support the authority and discipline of the School <ul style="list-style-type: none"> ○ accompany my child to School, if notified of serious breaches of discipline, so that we may work together to solve problems as and when they occur ○ expect my child to follow the Golden Rules of the School ○ help my child accept responsibility for their breaches in discipline if/when they occur ○ I will read the Parents Behaviour Handbook each year when sent home ○ I will be aware that if my child damages school property I may be asked to cover the cost of the damage • Encourage my child to lead a healthy life style. |

I, the pupil will:

- Come to School regularly and on time.
- Be ready to learn and work as hard as I can.
- Obey the School rules and do as I am asked.
- Be polite and considerate
- Not hurt anyone physically or with unkind words.
- Wear School uniform.
- Respect the property of other people and care for the grounds, buildings, furniture, equipment and books provided for the School.

Parent/Carer Pupil.....
Associate Head of School of Key Stage:.....Date.....



MEDICAL INFORMATION

Pupil Name: **D.O.B.**

In order to keep School records up-to-date would you please complete this form **AS FULLY AS POSSIBLE.**

MEDICAL DIAGNOSIS

.....
(e.g. Autism, Downs Syndrome, ADHD etc)

Please tick if your child has any of the below conditions

| Condition | Medication used | Tick |
|---|-----------------|------|
| Epilepsy | | |
| Asthma | | |
| ALLERGIES – PLEASE SPECIFY WHAT YOUR CHILD IS ALLERGIC TO | | |
| WEARS GLASSES - WHEN DO THEY NEED TO WEAR GLASSES | | |
| HEARING AIDS | | |
| HEARING LOSS (Grommets, etc.) | | |
| DIABETES | | |

I agree * / do not agree* for my child to have a Medical Examination in my absence

Signed: (Parent/Carer)

Dated:



MEDICATION CONSENT

There are now strict guidelines concerning administering medicine to pupils.

If your child has medication and the dosage is at least **four times a day**, please complete the attached form to enable this to be administered during the School day.

Any medication with a dosage of **LESS than four times a day** should only be administered at home and **not** brought into School unless there is clear direction from your doctor to say it must be taken in School time.

Medicine and drugs etc., must be handed in to the School office with a completed consent form. They will then be administered by a trained member of the Pastoral Team during the course of the day. Under no circumstances should medication be carried around School by pupils. If you need any assistance, please do not hesitate to telephone the School Office on 0121 373 5731.

A few important points to remember regarding the giving of medication in special Schools:

For medication to be given in School:

1. Written consent on the form supplied by School (page 10) must be given by a person with parental responsibility
2. A new form is required each time there is a change to your child's medication and at the start of each Academic year
3. Details on the consent form must be completed by the person signing the form and must clearly show:
 - a. The name and strength of the medication
 - b. The dose to be given
 - c. The time to be given as advised by your doctor
4. Medication sent in to School must be:
 - a. In its ORIGINAL CONTAINER and IN DATE
 - b. Clearly labelled with your child's name
 - c. The name of the medication
 - d. The strength of the medication
 - e. The amount of medication e.g. number of tablets/mls in the bottle
 - f. The dose to be given and how often
 - g. The date it was dispensed

This information should be printed on a label by the pharmacist and each box or bottle must be labelled.



CONSENT FORM TO ADMINISTER MEDICINES ON SCHOOL SITE AND OFF-SITE ACTIVITIES

C Consent Form to Administer Medicines on School site and off-site activities

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child* be given/gives himself/herself the following medication: (*delete as appropriate)

| | | | |
|---|--|--|--|
| Name of child | Date of birth | | |
| Address | | | |
| Daytime Tel no(s) | | | |
| Group/Class/Form | | | |
| Medical Condition or illness, and reason for medication | | | |
| Name of medicine: | N.B Medicines must be in their original container, and clearly labelled | | |
| Special precautions e.g. take after eating | | | |
| Are there any side effects that the school needs to know about | Dose | | |
| Time of Dose | Maximum Dose (if applicable) | | |
| Start Date | Finish Date | | |

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and my child's Care Plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

| | |
|--|--|
| Signed (parent/Carer) | |
| Date | |
| Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours | |
| Signed (Head teacher) | |



MEDIA/SOCIAL/BEHAVIOURAL INFORMATION

PUPIL NAME:

D.O.B.

Dear Parent/Carer

Is there any other information that you think we should know about your child that would help make their time at Queensbury more successful?

Is there anything about the home situation that you feel we need to be aware of?

Please be assured that any information you pass on will be kept confidential.



PERMISSIONS

Please complete the form below to let us know what you give us permission for throughout the year. I provide consent for my child to:

| | Yes | No |
|---|-----|----|
| Have photos and video taken in an out of school (Trips) to be used online: <ul style="list-style-type: none"> • School Website • Social Media (Twitter, Facebook etc) • WeDuc Platform | | |
| The local media using images and video of my child to publicise school events and activities | | |

| | YES | NO |
|--|-----|----|
| Day trips on the School minibus linked to the curriculum (trips will be back to School so students can get home on normal transport) | | |
| Walking to Erdington Town centre/local shops for community visits | | |
| Visits out of School linked to Enterprise parts of the curriculum | | |

Child`s name: (please print)

Parent/Carer signature:

You are entitled to refuse consent without being penalised. You have the right to withdraw your consent at any time by putting this in writing to the school.



OFF-SITE VISIT CONSENT

Consent form for School trips and other off-site activities whilst at Queensbury School.

By signing the consent form below, you consent to your child to take part in organised School trips and other activities that take place off School premises within a 50-mile radius during their time with us. Details of each activity will be sent to you allowing time for you to notify us should you prefer for your child not to take part in the visit.

Please consider the following important information before signing this form:

The trips and activities covered by this consent include;

- All visits within a 50-mile radius
- Adventure activities at any time
- Off-site sporting activities

The School will send you information about each trip or activity before it takes place and should you prefer for your child **NOT** to join that activity you must contact the School office at least 5 days prior to the trip/activity date

Please note additional written consent **WILL** be requested for any residential trips.

Please **detach** and complete the following response slip and return to our School office.

Please keep the guidance above for your own records.

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OFF-SITE CONSENT RESPONSE SLIP

I consent for my child to partake in any School organised event other than any residential activity within a 50-mile radius.

Child's Name

Parent/Carer Name Sign

Medical Information – please advise if there are any medical conditions to be considered when planning trips/activities for your child.

Any Medical Conditions

Other Medical Condition

Other Medical Condition

Medical Requirements



SCHOOL CLOSURE ARRANGEMENTS

IMPORTANT – Arrangements in the event of un-planned School Closure

If we are faced with having to close the School, we need to be as prepared as possible and therefore ask for your assistance by selecting one of the options below;

For pupils who use School transport:

Send my child on the School bus (we will have arrangements in place on their arrival)

Please keep my child in School until I can collect them, or the named person below can collect them

For pupils who walk home or are collected:

Allow my child to walk home (we will have arrangements in place on their arrival)

Please keep my child in School until I can collect them, or the named person below can collect them

Other named contacts who can transport my child;

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