

Admissions 2022 New Starter Pack

Contents;

General Admission Arrangements

School Meals

Queensbury School Uniform

| Please return the following to the school; | Check box; |
|--------------------------------------------|------------|
| Acceptance Form | |
| Queensbury Home – School Agreement | |
| Medical Information | |
| Medication Consent | |
| Media/Social/Behavioural Information | |
| Permissions | |
| Off Site Visit Consent/Response Slip | |
| School Closure Arrangements | |

Address Wood End Road, Erdington.
Birmingham.B24 8BL
Phone 0121 373 5731
E-mail enquiry@queensbury.eiat.org.uk
Web www.queensburysch.com





Education MPACT
Academy Trust



GENERAL ADMISSION ARRANGEMENTS

Travel

Our school is active with Modeshift STARS - Part of the National School Travel Awards, this is what we use to update and monitor our School Travel Plan.

We actively encourage our families and staff to walk, scoot or cycle to school as they:

- Keep us fit and healthy.
- Help our students develop road safety skills, which will keep them safe as they travel further afield and more independently.
- Help keep our local air clean, and our streets free from congestion.
- Are life skills that everyone should be able to benefit from.

As Parents/Carers, you are responsible for getting your child to and from school. The majority of our students will be entitled to a Disabled Persons Concessionary Pass from CENTRO, we will support you in applying for this.

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

SCHOOL MEALS

The charge for School meals is £2.75 per day/£13.75 for five days. Dinner money <u>must be sent into school in a sealed, named envelope every Monday morning.</u>

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

Your child may be eligible for Free School Meals.

Please see the link below to submit your application; this link is also available on the School website.

https://www.cloudforedu.org.uk/ofsm/birmingham

The school may apply for eligibility on your behalf if you have given us permission to do so and provided us with your details.

By completing this form for Free School Meals, you will be helping the school in our application for additional Pupil Premium funding. Please take a moment to submit the application, irrespective of whether or not you are, or believe you ever will be, in receipt of one of the following benefits:

- Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance



- Support under Part VI of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on paid for four weeks after you stop qualifying for Working Tax Credit

Please do not hesitate to contact the school if you require further assistance.

QUEENSBURY SCHOOL UNIFORM

At Queensbury School we believe that the reputation of the school and the students is enhanced by wearing school uniform. There are a number of reasons why we have school uniform at Queensbury;

- To protect and reflect the shared identity of the school
- To create an ethos of equality between all students in the school
- To provide a common standard of smart dress for all students
- To accustom students to meeting dress requirements which many will meet in the world of workplace
- To assist Parents/Carers by avoiding competitiveness in terms of fashion and expense

Our school uniform supplier is:

Trutex Erdington, 73 The High Street, Erdington, B23 6SA, Tel: 0121 350 8444. Additionally, by accessing;

https://www.crestedschoolwear.co.uk where you can choose the school emblem.

Uniform

Navy Jersey / sweatshirt Blue/white shirt or Polo shirt Navy/Black trousers or Black/Navy skirt Grey/Navy/Black socks Dark shoes / trainers

Students may wear a plain sweater with a Queensbury badge sewn on if preferred.

PE KIT

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

Navy Blue fleece jacket



SIXTH FORM UNIFORM

Sixth form students will no longer be required to wear school uniform on a daily basis, this is to prepare them for adulthood. We want students to be able to show that they can make appropriate choices in terms of clothing. The dress code will be smart casual. When going out on community access and or other events students will be required to wear a teal coloured hoodie or polo shirt with the Queensbury Logo. Both will be available to purchase from Trutext Erdington (73 high Street).

ACCEPTANCE FORM

I wish to accept the offer of a place at Queensbury School for the academic year 2022-23*

| I no longer require a place at Queensbury School for the academic year 2022-23* (please delete as necessary) | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| Child`s first name Fc | amily name: | |
| Date of Birth Male / Femo | ale | |
| Address | | |
| | | |
| | | |
| Contact 1 | Contact 2 | |
| Name; | Name; | |
| Address; | Address; | |
| | | |
| Telephone number; | Telephone number; | |
| Email; | Email; | |
| Respite Address & telephone number (if applic | able) | |
| 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 Sc | chool? YES / NO | |
| Does your child have a medical condition or b 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:

- 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.

I, the Parent/Carer will:

- Make sure that my child comes to School regularly, on time and wearing the School uniform.
- Send a written note when my child:
 - Returns to School after being absent.
 - Needs to be excused from swimming or PE for medical reasons.
 - Has to leave School early.
 - o Is late for School.
 - o Is not wearing School uniform.
- Support and encourage my child with homework tasks.
- Support the authority and discipline of the School
 - 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 and 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 and 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: |
| |
| MEDICAL INFORMATION |
| |
| Pupil Name: D.O.B. |
| In order to keep School records up-to-date would you please complete this form <u>AS</u> <u>FULLY AS POSSIBLE.</u> |
| 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.

- 5. Only medication prescribed by a doctor can routinely be given in School
- 6. All medication for School must be handed to your child's bus guide / taxi escort and not put in your child's School bag
- 7. Paracetamol (must be supplied by Parent/Guardian)

If it is within the School policy to administer paracetamol, and if your child becomes unwell in School e.g. in pain, high temperature, a dose of paracetamol can be given with your written consent on the form supplied (see overleaf). NEW CONSENT WILL BE NEEDED AT THE START OF EVERY NEW SCHOOL YEAR.

N.B. PLEASE REMEMBER TO INFORM SCHOOL IF YOU HAVE GIVEN YOUR CHILD PARACETAMOL OR A PRODUCT CONTAINING PARACETAMOL BEFORE COMING TO SCHOOL.

If you have any queries/concerns please do not hesitate to contact your School Nurse/named link person, who will be happy to answer your questions.

| School Nurse: | Special School Nurse - 0121 464 2622 |
|---------------------------|--------------------------------------|
| Named Link Person: | Catherine Swain: 0121 373 5731 |
| Thank you for your co-ope | eration. |
| Name of Parent/Carer (pl | ease print |



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 c | ontainer, and cle | arly labelled |
| Special precautions e.g. | | | |
| take after eating | | | |
| Are there any side effects | | Dose | |
| that the school needs to | | | Į. |
| know about | | | |
| Time of Dose | | Maximum | |
| | | Dose | 1 |
| | | (if applicable) | 1 |
| | | | |
| Start Date | | Finish Date | 1 |
| | | I | 1 |

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



| | 1E: |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|
| D.O.B | |
| Dear Parer | nt/Carer |
| | ny other information that you think we should know about your c d help make their time at Queensbury more successful? |
| ls there an of? | ything about the home situation that you feel we need to be aw |
| Please be | assured that any information you pass on will be kept confident |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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: • 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.

| OFF-SITE CONSENT RESPONSE S | SLIP |
|------------------------------------------------------|-------|
| | ••••• |
| | |
| Please keep the guidance above for your own records. | |

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 considered when planning trips/activities for you | • |
| Any Medical Conditions | |
| Other Medical Condition | |
| Other Medical Condition | |
| Madical 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 v | 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 nam | ned contacts who can transport my child; |
| | |
| | |