



STONE BAY SCHOOL.

ADMISSION.

Jo Berry: Student Liaison Manager.

NAME OF STUDENT:

Date:.....



We are delighted that your child is joining us, we understand the anxiety you may be feeling at this moment and will be doing everything we can to allay your anxieties.

We take great care in ensuring we do everything we can to meet the needs of your child and we rely on your help and active support to ensure we do indeed get every aspect of your child's provision just right for them.

No one knows your child like you do and by sharing candidly, we are in a very good position to avoid surprises, this will help us ensure as smooth a transition as possible and will significantly increase the prospect of a successful placement with us.

As with all things there are a number of things we need you to do, chief among them is complete all areas of this pre admission form and the initial Health Care Plan. This must be printed and signed BEFORE your child joins us.

If you ever have any suggestions that will help us meet the needs of your child better, please do not hesitate to let us know, If you have any questions please just ask and if there is ever anything that you think we need to know, please tell us.

I am confident with the right support your child will settle in well at Stone Bay, will make progress and will develop the life skills they need to ensure that their time with us is not the happiest of their lives, that they, like us, will go on and have long, happy and fulfilling lives.

We look forward to working with you over the coming years.

Billy Mc Inally.
Headteacher.

We accept all students **as they are** and believe that every one of them is **entitled** to the **very best** education, delivered in an **environment** that is **supportive, caring and safe**.

Our goal is to develop our students to become:

- **Successful** Learners.
- As **independent** as possible.
- **Confident** individuals and self-advocates.
- **Effective** communicators and **contributors**.
- **Responsible** citizens.

We will do this by working to **ensure we get every aspect of their provision just right**, helping them to achieve academically, personally, socially and morally.



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Personal Details:

Full name:		Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of Birth:		Place of Birth:		Birth certificate:	<input type="checkbox"/>
Nationality:		Passport Number:			
Permanent Address:					
Post Code:		Religion:			

Details of those with legal parental responsibility.

Mother:		Father:	
Address if different from above:		Address if different from above:	
Postcode:		Postcode:	
Home telephone:		Home Telephone:	
Work telephone:		Work Telephone:	
Mobile:		Mobile:	
Email Address:		Email Address:	
We will normally contact you by email for general correspondence relating to your child and the school.			

Details of others with parental responsibility.

Name & Relationship:		Name & Relationship:	
Address:		Address:	
Postcode:		Postcode:	
Home telephone:		Home Telephone:	
Work telephone:		Work Telephone:	
Mobile:		Mobile:	
Email Address:		Email Address:	



Details of emergency contacts.

Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Home telephone:		Home Telephone:	
Work telephone:		Work Telephone:	
Mobile:		Mobile:	

Details of any Court orders and other information relating to your child.

Are there any court orders related to your child?	No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>	If yes attached:	<input type="checkbox"/>
Is the child resident with foster parents?	No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>	LA:	
Is the child living in temporary accommodation?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes address below:	
Address:				Postcode:		

Pocket Money.

As part of your child’s education at Stone Bay School they will be learning how to deal with money by choosing and paying for small items from local shops and from the weekly school café. This helps enable your child to develop functional numeracy skills as they work toward becoming more independent, a central focus of the school curriculum.

We ask that you support this by supplying your child with some pocket money for the week, this money will be paid to the school through the finance office.

You will be kept informed about the balance in your child’s account.

My child is a day student and I commit to pay £2 per week, at the start of each term, allowing my child to have spending money as we access the community and the café experience on a Friday.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
My child is a weekly residential student and I commit to pay £10 per week at the start of each term, allowing my child to have spending money as we access the community and the café experience on a Friday.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
We would prefer if you would transfer pocket money directly into our account and name the transfer with your child’s initial and surname. Details of the bank are given below and can be found in the parent’s handbook.		



Ideally we would like this paid termly but you can pay weekly. Cheques can be made payable to Stone Bay School.

Nat West Bank: Maidstone.
Stone Bay School.
Sort code: 60-60-08.
Account number: 83294732

If you have any queries please contact our finance team: JHaigh@stone-bay.kent.sch.uk

.....
Print Parents Name.

.....
Parents Signature.

.....
Date.

School Meals.

The school provide nutritious, home cooked meals at a very reasonable cost. If your child is entitled to a free school meal you will need to complete the application form.

I would Like a school meal currently £2.25 per day.	<input type="checkbox"/>
<p>We would prefer if you would transfer dinner money directly into our account and name the transfer with your child's initial and surname. Details of the bank are given below and can be found in the parent's handbook.</p> <p>Nat West Bank: Maidstone. Stone Bay School. Sort code: 60-60-08. Account number: 83294732</p> <p>Ideally we would like this paid termly but you can pay weekly. Any cheques should be made payable to Stone Bay School, with your child's name printed clearly on the back.</p>	
My child is entitled to a free school meal and I have completed the application.	<input type="checkbox"/>
I will supply a packed lunch for my child.	<input type="checkbox"/>



Home School Transport.

You are responsible for organising transport with the LA. If your child is using Local Authority provided transport we would like to share with the driver and the Personal Assistant some very basic details about your child. You will have access to the passport and see exactly what we share.

We will share:

- Your child’s photo.
- Details about how your child communicates.
- Their name and preferred name.
- Details about how your child presents.

We do this to try and minimise the stress and anxiety involved in the trip by ensuring transport colleagues can help ensure your child:

- Arrives at school in the morning happy, content, calm and ready to engage with their learning.
- Arrives home at the end of the school day/week happy, content and ready to relax.

I give my permission for my child’s basic details as noted above to be shared with their taxi driver and personal assistant.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>-----</p> <p>Print Parents Name. Parents Signature. Date.</p>		

History of Infection.

Illness.			Year
Whooping Cough:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Measles:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Scarlet Fever:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Chicken Pox:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Mumps:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
German Measles:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Poliomyelitis:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Diphtheria:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	



Vaccinations.

Vaccination.			Date.
Tuberculosis (BCG)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Diphtheria	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Whooping Cough	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Poliomyelitis	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
MMR	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Tetanus	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Other historical medical information:

Operations:	
Serious accidents:	
Any ear/nose/throat problems:	

Use of non-prescription medication.

Medication.	Reason:		
Paracetamol tablets (500mg)	Mild pain relief	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Calpol Six Plus (contains paracetamol (5ml)	Mild pain relief	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
E45 Cream	Dry skin	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Bonjela	Mouth ulcers	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Vicks Vapour Rub	Decongestant for cold	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Karvol capsules	Decongestant for blocked nose	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Vaseline	Dry/sore lips	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Zinc and Castor Oil Cream	Pad rash	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Cough Mixture	Cough/sore throat	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Sudocrem	Rashes/skin irritation	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



Ibuprofen	Pain relief	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Benadryl/Clarityn	Hay fever/Allergy relief	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other:			
Other:			
<p>.....</p> <p>Print Parents Name. Parents Signature. Date.</p>			

Residential students clinical support: Dentists and Doctors.

If your child is a residential student we would encourage that you allow us to register them with a local NHS practice ensuring they have access to a Doctor and/or a Dentist when required. The benefits of being registered locally are manifold and means that children will miss minimum teaching time and their medical and dental care will be provided locally (during term time) at a Health Centre near the school. If your child requires medical or dental care during the holiday period you may take him/her to your own GP/dentist at home to provide the necessary care through occasional treatment.

Your child will receive medical/dental care within the National Health Service from the GP and dentist unless, of course, you would prefer to maintain your existing arrangements.

These arrangements for medical/dental care at school will be renewable automatically on an annual basis unless you request otherwise. When your child eventually leaves Stone Bay School you should make arrangements to re-register them close to home.

My child will not be a residential student.	<input type="checkbox"/>	
My child will be a residential student and I consent for them to be registered with a local dentist.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
My child will be a residential student and I consent for them to be registered with a local doctor.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>.....</p> <p>Print Parents Name. Parents Signature. Date.</p>		



Consent for the use of photographs and videos.

Conditions for the use of photographs.

- This consent, if given, is valid for the period of time your child attends the school. The consent will automatically expire after this time. We will not re-use any photographs or recordings after your child leaves the school without permission.
- We will not use any personal details of your child on any type of promotional publication video, DVD, website, in our prospectus or in any of our other printed publications.
- We may use group photographs or footage with general labels, such as ‘making Christmas decorations’, ‘Book Week’ etc.
- We will only use images of children who are suitably dressed.
- We will discuss the use of images with children in an age appropriate way to role model positive behaviour.
- Your consent can be withdrawn at any time by informing the school in writing.

I have read and understood the conditions of use and I am also aware of the following:

- Websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.
- The press are exempt from the Data Protection Act and may want to include the names and personal adults in the media.
- If appropriate I will discuss the use of images with my child to obtain their views.
- As the child’s Parent/Primary Carer, I agree that if I take photographs or video recordings of our child which include other children, then we will only use these for personal use and will not publish them.

May we use your child’s photograph/image/video for displays in and around the school, for communication, for assessments, for learning and for reviews?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
May we use your child’s photograph/image in our prospectus and other printed publications that we produce for educational and promotional purposes?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
May we use your child’s image on our website or other vetted and appropriated electronic communications?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>.....</p> <p>Print Parents Name. Parents Signature. Date.</p>		



Speech & Language Therapy.

The speech, language and communication therapy team currently consists of Sarah Younes, Specialist Speech and Language Therapist and Jayne Arnold, Senior Speech and Language Therapy Associate Practitioner.

In order to work 1:1 with your child now or in the future they have to have parental permission.

We occasionally have students who would work alongside the qualified speech and language therapists. If you are not happy for a student to work with your child under their strict supervision, please indicate below.

I give my permission for my child's to work with the communication team as their needs dictate.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I give my consent for a student Speech and Language Therapist to work with my child if they are placed at Stone Bay and are working under the direction of a qualified Therapist.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>.....</p> <p>Print Parents Name. Parents Signature. Date.</p>		

You will be fully informed and we will work with you if we believe other therapeutic support would be beneficial for your child.



Student's ethnic monitoring questionnaire.

Information for Parents/Carers

All schools are required by the Department of Education and Skills to collect information on pupils' ethnic background. Parents/Guardians of all pupils are being asked to tick one box on this form.

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Guardians are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below carefully and tick one box only to indicate the ethnic background of the pupil or child named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire. Please also tick whether a parent/guardian or pupil filled in the form.

This has been completed by: Parent/Carer: [] Student: []

Asian or Asian British

- Indian, Pakistani, Bangladeshi, Nepali, Sri Lankan Tamil, Other Asian, African Asian

Black and Black British

- Caribbean, African, Any other black background

Mixed/Dual Background

- White/Black Caribbean, White/Black African, White/Pakistani, White/Indian, White and any other Asian background, Asian and other ethnic group, Black and any other ethnic group, Chinese and any other ethnic group, Other mixed background, White and any other ethnic group



White

- | | | |
|---|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Irish | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Scottish | <input type="checkbox"/> Croatian |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Greek Cypriot | <input type="checkbox"/> Kosovan |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Turkish | <input type="checkbox"/> Turkish Cypriot |
| <input type="checkbox"/> White Eastern European | <input type="checkbox"/> White Other. | |

Any Other Ethnic Group

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Afghan | <input type="checkbox"/> Arab other |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> Iraqi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Latin/South/Central American | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Malay |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Any other ethnic group |

I do not wish an ethnic background category to be recorded:

[Students First Language Questionnaire:](#)

First Language: _____



Parental Agreement.

Generic Agreement: All students.		
I agree to take part in regular discussions with Stone Bay School staff regarding my child's progress.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
The school has explained, and I understand the reason for, the use of fobs and key pads around the school site.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree to provide my child with an agreed amount of pocket money. This will be held in the pocket money account.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I give my consent for my child to take part in all community access visits that make up part of the curriculum. I give permission, should the need arise during a trip, for any other required medical treatment to be administered by suitably qualified clinicians.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree that my child can take part in the Sex Education and Personal Safety programme at Stone Bay School.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree to my child using the Internet with suitable supervision.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
When visiting the school for any reason I agree to enter through the Front Entrance, sign in at reception, always follow instructions and never to walk around the school unaccompanied.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I give my consent for my child to take part in swimming sessions supervised by appropriately trained staff.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree to my child taking part in aromatherapy sessions.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree to my child using the Jacuzzi. (If your child has epilepsy we will need a letter of consent from your doctor).	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree to supply sufficient and appropriate continence wear to meet the needs of my child.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree that my child can take part in 'Health & Beauty' sessions which may involve the use of make-up. Any skin allergies must be noted on the Health Care Plan.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I agree that the school can share data concerning my child with other appropriate professional partners working to support my child.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



Residential Students.

I agree to contact my child regularly while resident at Stone Bay and to keep in regular contact with his/her key worker.

Yes:

No:

I will provide my child with all required toiletries for the four nights they will spend at Stone Bay each week.

Yes:

No:

Clothing List.

Boys Clothing List.	Girls Clothing List.
• Socks 7 pairs	• Socks 7 pairs
• Underwear 7 pairs	• Underwear 7 pairs
• Contenance wear as required.	• Contenance wear as required.
• Nightwear 4	• Nightwear 4
• Coat 1	• Coat 1
• Dressing Gown 1	• Dressing Gown 1
• Slippers 1 pair	• Slippers 1 pair
• Jumpers/Sweatshirts 4	• Jumpers/Sweatshirts 4
• Shirts/T Shirts 7	• Shirts/T Shirts 7
• Trousers/Jeans/Jogging/Bottoms etc. 5	• Skirts/Dresses/Jeans/Trousers etc. 5
• Shoes 1 pair	• Shoes 1 pair
• Trainers 1 pair	• Trainers 1 pair
• Shorts 2	• Shorts 2

I will provide my child with all clothes required.

Yes:

No:

I will ensure my child's clothes are labelled with their name.

Yes:

No:

Your child will be able to bring favoured things and things to personalise their rooms.

School Uniform.

School uniform is compulsory for all students up to the end of year 11.



In the 6th form our students have a choice, there is a uniform that they can wear which is practical or they can wear clothes of their own choice. The only guideline they must follow is that their dress must be suitable for a school environment.

Uniforms can be purchased from:

For polo shirts, sweat shirts and jumpers and jackets:

The School Wear centre.

56 Addington Street,

Margate,

Kent,

CT9 1QS.

<http://www.schoolwearcentre.net/c/53/Stone-Bay-School>

For grey school trousers, skirts and shorts the local supermarkets offer excellent value for money.

I agree to ensure my child wears school uniform appropriate to weather conditions.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Data protection.

Stone bay school fully confirms with the [Data Protection Act 1998](#) and all data is held in accordance with this legislation. Our Data Controller can be contacted through the school Office.



Final Check:

List must be complete by the Student Liaison manager **BEFORE** the student takes up their place with us.

Form Complete.	Yes: <input type="checkbox"/>
All parts requiring a signature signed.	Yes: <input type="checkbox"/>
Each page initialled.	Yes: <input type="checkbox"/>
Student SharePoint page set up and all base documents in place.	Yes: <input type="checkbox"/>
Initial Health Care Plan Complete and on SharePoint page.	Yes: <input type="checkbox"/>
Baseline Assessment: Communication complete and on SharePoint page.	Yes: <input type="checkbox"/>
Baseline Assessment: Attainment & Progress complete and on SharePoint page.	Yes: <input type="checkbox"/>
Baseline Assessment: Independence complete and on SharePoint page.	Yes: <input type="checkbox"/>
Baseline Assessment: Behaviour complete and on SharePoint page.	Yes: <input type="checkbox"/>
SharePoint Page linked to class and flat.	Yes: <input type="checkbox"/>
Transition planned and start date agreed.	Yes: <input type="checkbox"/>
Recent Passport Photo.	Yes: <input type="checkbox"/>

[Key link: Baseline Assessment and Admissions.](#)

Jo Berry:

Student Liaison Manager.

.....
Signature.

.....
Date.