

Admission Booklet 2023-2024



The Levett School

Positivity | Determination | Reflection | Integrity

Pupils Name:

D.O.B:

U.P.N:

Admission Date:

Year Group:

Class:

Registration Status:

Duration of placement offered: 6 weeks 12 weeks

Proposed placement end date:

Please note – If pupil attendance drops below 85% within the first 2 weeks, this will trigger a review meeting, to assess the suitability of their placement at Levett.

Registration Details

Surname:	First Name:	Chosen Name:
Child's Address:		
Name of Mother:	Name of Father:	

The following adults live with the child and act as a parent (to include carers)		
Name	Relationship to child	Parental responsibility

The following adults have contact but do not live with the child		
Name	Relationship to child	Parental responsibility

The pupils sibling/siblings		
Name	DOB	School

Will your child require a taxi Choose an item.	
Is your child a Free/Paid School Dinner:	
Does your child require special dietary requirements	
Ethnicity:	Traveller:
Religion:	Home Language:
Previous School:	

Emergency Contact Details

Please give details of all persons who have legal responsibility for this child – Parent(s)/Guardian(s) and anyone else who can be contacted should an emergency arise when you are unavailable. You should use the contact priority number to indicate the preferred order in which contacts should be attempted in an emergency.

Surname:	Forename:	Title: Choose an item.
Home Tel No:	Mobile No:	
Home Address:		
Main Email Address:		
Work Tel No:	Relationship to Child:	
Legal Responsibility: Choose an item.	Priority No: Choose an item.	

Surname:	Forename:	Title: Choose an item.
Home Tel No:	Mobile No:	
Home Address:		
Work Tel No:	Relationship to Child:	
Legal Responsibility: Choose an item.	Priority No: Choose an item.	

Surname:	Forename:	Title: Choose an item.
Home Tel No:	Mobile No:	
Home Address:		
Work Tel No:	Relationship to Child:	
Legal Responsibility: Choose an item.	Priority No: Choose an item.	

The Levett School
Medical Information Form 2023-2024

Name of Doctor:	Tel No:
Address:	
Medical Conditions or Information	
1. Does your child suffer from fainting attacks or blackouts?	Choose an item.
2. Does your child suffer from fits/epilepsy?	Choose an item.
3. Does your child suffer from any allergy or hay fever?	Choose an item.
4. a) Does your child have asthma?	Choose an item.
b) If yes, to above do they have a prescribed inhaler?	Choose an item.
5. Does your child suffer from diabetes?	Choose an item.
6. Does your child suffer from ear trouble?	Choose an item.
7. Does your child suffer from incontinence or bowel problems?	Choose an item.
8. Are your children's teeth in good health?	Choose an item.
9. Is your child on medication for any of the above? <u>If yes, please give details:</u>	Choose an item.
10. Does your child suffer from any medical condition not mentioned above? <u>If yes, please give details:</u>	Choose an item.
11. Is your child receiving medical treatment at the present time? <u>If yes, please give details:</u>	... Choose an item.
12. Has your child a diagnosis of ASD or associated?	Choose an item.
13. Has your child a diagnosis of ADHD?	Choose an item.
14. Does your child have any food allergies <u>If yes please give details:</u>	Choose an item.
Other relevant information:	

Completed By:	Signed:
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FOOD ALLERGIES

Food allergies in children are common and can be life threatening if ignored, therefore it is imperative that we know if your child has been diagnosed with any food allergies.

Please identify if your child is allergic to any of the following:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley **Choose an item.**
- Crustaceans, e.g. crabs, prawns, lobsters **Choose an item.**
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts **Choose an item.**
- Celery **Choose an item.**
- Eggs **Choose an item.**
- Fish **Choose an item.**
- Peanuts **Choose an item.**
- Soybeans **Choose an item.**
- Milk **Choose an item.**
- Mustard **Choose an item.**
- Sesame Seeds **Choose an item.**
- Sulphur Dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide **Choose an item.**
- Lupin **Choose an item.**
- Molluscs e.g. mussels, oysters, squid, snails **Choose an item.**

If you have stated yes to any of the above, please provide further details, including medication and treatment plans.

Other Agencies Involved

Social Worker

Name:	
Number:	

Parent + Family Support Worker (PAF)

Name:	
Number:	

EPIC

Name:	
Number:	

Team Around the Family

Name:	
Number:	

CAMHS

Name:	
Number:	

Any other agencies

Name:	
Number:	

Welfare

Has your child ever been subject to the following? (please tick as appropriate)

- Looked after
- Previously looked after
- Special Guardianship order
- Child Arrangement order
- Child in need

Has your child ever been a Young Carer?

- Yes No

Consents

Home Visits

There may be times where staff need to complete a visit to the family home.

To ensure all staff are safe when completing a home visit, we would like to ask parents/carers to state if they have a dog within the home.

I have a dog within the family home: **Choose an item.**

The dog breed is:	
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I am happy for my dog to be placed in another room while staff complete the home visit: **Choose an item.**

If this info changes, please inform the office as soon as possible on 01302 390761

Local Visits Consent

Throughout the school year, as part of your child's learning or to develop community links, visits within the immediate local area may be made from time to time.

For any planned visit, we would aim to contact you to provide you with any additional information.

Please would you complete the slip below to consent to your child taking part.

Parents/Carers Name:

Signed:

Dated:

Positive Handling / Agreed Contact

Staff at The Levett School are trained in Team Teach (<https://www.teamteach.co.uk/>). Team Teach allows staff to manage distressed behaviours and conflicts safely and respectfully. Your child will have a positive handling plan and risk assessment put in place to allow staff to support distressed behaviour, this is largely done through de-escalation strategies.

We ask that Parents/Carers sign to state that this information has been shared with you.

Parents/Carers Name:

Signed:

Dated:

Photo Consent

I do/do not (delete as appropriate) consent to my child's photo's being used on the schools website, social media and other promotional documentation

Parents/Carers Name:

Signed:

Dated:

ICT acceptable use agreement

At The Levett School, pupils **are expected to**:

- Only use ICT on the school premises for studying purposes.
- Only log on to the computer and internet when an adult is present.
- Use the class or school e-mail address when sending or receiving emails.
- Only open email attachments from people known to them or people who the teachers have approved.
- Make sure ICT communication with other pupils and adults is polite and responsible.
- Be responsible for their behavior while using ICT.
- Inform their class teacher of anything they see online which makes them feel uncomfortable.
- Understand that their use of ICT can be checked and that parents/carers will be contacted if a member of school staff is concerned about a pupil's e-safety.
- Be careful when using computer equipment and treat it with respect.
- Abide by the rules regarding bringing personal devices into school.
- Seek the advice of a teacher before downloading material.

Pupils will **not**:

- Try to bypass the internet settings and filtering system.
- Share passwords.
- Delete or open other people's files and documents.
- Use other people's accounts.
- Send any content which is unpleasant. If something like this is found, such as inappropriate images or the use of offensive language, pupils will report it to their teacher.
- Share details of their name, phone number or address.
- Meet someone they have contacted online, unless it is part of a school project and/or a responsible adult is present.
- Upload images, sound, video or text content that could upset pupils, staff and others.
- Try to install software onto the school network.

Parents **will**:

- Support and uphold the school's rules regarding the use of school ICT systems.
- Act in accordance with the school's policy when using the internet in relation to the school, its employees and pupils.
- Only store and use images of pupils for school purposes, acting in line with the school's ICT policy.

Pupil Name:	
Parent/Carer Name:	
Parent/Carer Signature:	Date:



Doncaster CAMHS Locality Team



Request for Support Tool

Please complete each section with as much information as possible to enable us to offer appropriate support and advice. Please email this to RDASH.Doncaster-CAMHS-Locality@NHS.Net once completed and signed by legal guardian.

Please note; once a request for support is made to the CAMHS locality team a healthcare record will be opened where this information and any further information received will be stored.

Signature of parent/legal guardian to consent to support/advice from CAMHS;

What are your main concerns for the young person?

(Be specific – Current presentation (how does it effect their daily life), duration, any significant history, any social issues, who are the concerns from?)

Young person and Families View

(Is the young person aware of the referral? Do they see this as a concerns? Do they want things to be different? If so in what way? Have you completed an age appropriate tool e.g. 3 houses? Ideal self etc.?)

Are there any other agencies involved/interventions in place?

(Have other universal services been accessed? If so what and what are the current plans? Is there an SEN plan or any existing pathway referrals/diagnosis?)

What support would you like from CAMHS?

(Signposting, resources, training, consultation, attendance at meeting)

CONSENT FOR INVOLVEMENT OF AN EDUCATIONAL PSYCHOLOGIST

Parental consent (or consent from the carer with parental responsibility) must be given prior to the involvement of a psychologist in assessment, planning, delivery or review of provision for the named child or young person. The parent/carer giving consent should be involved appropriately in the planning of current educational-based provision and in the review that led to the request for involvement of a psychologist (Special Educational Needs and Disabilities Code of Practice: 0 to 25 Years).

Full Name		DOB	
Gender		Year Group	
Primary Need (Please circle)	ASD, SLCN, PMLD, SLD, MLD, SpLD, VI, HI, PD, SEMH		
Ethnicity			
Address			
Postcode		Contact Number	
School/ Setting		Key Contact	
Parent/ Carer's name		Parent/ Carer's name	
Parent/ Carer's address if different			

Is this child / young person "looked after" by the Local Authority?		Yes / No
If yes:	Local Authority responsible	
Social Worker Name		Social Worker Contact

PARENTAL CONSENT: "I give permission for the school/setting to seek advice and support from Doncaster Educational Psychology Service about my child as well as receive any appropriate educational information. I also agree that the Educational Psychology Service may seek information from other professionals who may have relevant information about my child, and to store, process and share information with appropriate professionals, in compliance with current Data Protection law.

Please ensure that you have read the privacy notice attached. I understand that I can withdraw part / all of this consent by writing to the Head of Education Psychologist at any time."

Name of person signing		Relationship	
Signature		Date signed	

SETTING: Details of person authorising this request. A request should only be made by the head teacher or authorising manager of the school/ setting.

Name of person signing		Relationship	
Signature		Date signed	

PRIVACY NOTICE

The Council is committed to meeting its data protection obligations and handling your information securely. You should make sure you read and understand this notice before submitting your information to us.

Privacy Notice – General Data Protection Regulation (GDPR)

The Levett School is a 'Data Controller' as defined by Article 4 (7) of GDPR. This means that we determine the purpose for which, and in the manner in which, your personal data is processed. We have a responsibility to you and your personal data and will only collect and use this in ways which are compliant with data protection legislation.

The school has appointed the Local Authority to be its Data Protection Officer (DPO). The role of the DPO is to ensure that the school is compliant with GDPR and to oversee data protection procedures.

The contact details are:

Data Protection Officer – Schools & Education

Phone 01302 737978

Address Floor Two, Civic Office, Waterdale, Doncaster, DN1 3BU

Email [schoolataprotectionofficer@doncaster.gov.uk](mailto:schooldataprotectionofficer@doncaster.gov.uk)

Website www.doncaster.gov.uk

This information includes your contact details, national curriculum assessment results, attendance information ¹ and personal characteristics such as your ethnic group, special educational needs and any relevant medical information. *If you are enrolling for post 14 qualifications, we will be provided with your unique learner number by the Learning Records Service and may obtain from them details of any learning or qualifications you have undertaken.*

The full Privacy notice can be found on the school website.

<http://levett.doncaster.sch.uk/about-us/policies/>

If you want to see a copy of the information, we hold and share about you then please contact the School Business Manager in the first instance.

Complaints

If you are unhappy with the way in which your information has been handled you should contact the Council's Data Protection Officer so that we can try and put things right.

Alternatively, and if we have been unable to resolve your complaint, you can also refer the matter to the Information Commissioner's Office (ICO). The ICO is the UK's independent body set up to uphold information rights, and they can investigate and adjudicate on any data protection related concerns you raise with them. They can be contacted via the methods below:

Website: www.ico.org.uk

Telephone: 0303 123 1113

Post: Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Key School Staff

Executive Headteacher: Mrs Karen Kellett

Head of School: Miss Hannah Buchanan

Assistant Headteacher, SENDCo and Transition Lead: Miss Emma Place

Safeguarding Director: Miss Hayley Johnson

Safeguarding Officer: Mrs Karen Short and Miss Rachel Kelly

Business Manager: Mrs Bev Jones

Teachers:

Mrs Sara Rook, Mrs Rachel Franklin, Miss Lydia Sables, Miss Helen Megaw, Mrs Amanda Brown and Mr Ian Duffy

Learning Mentors: Mrs Bev Craswell

HLTA: Mr Alex Brown

Cover Supervisor: Nadya Zbiec

Behaviour Support Worker: Lois McKnight

Home Tutor: Ms Kerry Tucker

Teaching Assistants:

Miss Xena Needham, Miss Amanda Jones, Mrs Amanda Goddard, Miss Ashleigh Camm, Miss Cody Marriott, Ms Stacey Holmes, Miss Kc Farthing, Mrs Kathryn Stanley.

Apprentice Teaching Assistants: Miss Scarlett Hall, Miss Mia Chambers

Office Manager: Miss Fiona Mooney

Admin: Mrs Bev Evans, Ms Cherie Gill, Mrs Shelly Evans, Mrs Shadinie Ratnasekera, Miss Claire Whitaker

Building Manager/Caretaker: Mr Neil Dyson

The Levett School (Lower)
Melton Road
Sprotborough
Doncaster DN5 7SB
Tel: 01302 390761
Email: admin@levett.doncaster.sch.uk

The Levett School (Upper)
Former East Dene Centre
Lansdowne Road
Intake
Doncaster
DN2 6QN
Tel: 01302 390761

Email: admin@levett.doncaster.sch.uk

Agreed Contract

Transition School will:

Signed:

Dated:

- Support the admission procedures for.....
- Attend the admission meeting
- Determine agreed outcomes and success criteria
- Identify the behaviours to be tracked during placement
- Provide present and previous academic levels
- Provide the expectations for the end of the school year and key stage (based on their own assessment and tracking)
- Provide The Levett School with any other relevant documentation
- Maintain dual roll status until it is agreed for this to be changed (if applicable)
- Keep in regular contact with The Levett School as to progress made
- Ensure that a member of staff visits the The Levett School at least twice a term (x6 per year)
- Attend all review meetings (6 weekly)
- Take responsibility for TAC meetings during Dual Rolled Status
- Take responsibility for SEND documentation and referrals with support from The Levett School
- Chair SEND review meeting
- Call immediate SEN interim review for pupil with statement if required
- Provide additional support during any transition back to the school

The Levett School will:

Signed:

Dated:

- Admit..... following admission procedures
- Arrange transport if required
- Agree outcomes and success criteria
- Agree the identified behaviours to be tracked during placement
- Agree and complete baseline assessments
- Assess progress against agreed identified behaviours
- Assess and track progress against academic expectations
- Assess and track progress against outcomes and success criteria
- Hold Pupil Review meetings to discuss progress towards transition (every 6 weeks)
- Support the transition school to complete and submit paperwork for SEND (EHCP) where applicable
- Host SEN interim review where applicable
- Identify appropriate outside additional support or intervention
- Offer support to parents/carers during placement
- Update/Return Pupil to Panel to discuss transition when appropriate

Parents/Carers will:

Signed:

Dated:

- Support all admission procedures
- Attend all pupil reviews (every 6 weeks)
- Attend SEND reviews/TAC meetings if appropriate
- Provide any relevant information to the school whenever appropriate
- Maintain links with school through daily communication book or by phone/email
- Agree to the school behaviour policy
- Support school with uniform and code of conduct
- Ensure good attendance of their child
- Attend school events where appropriate to support their child