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› MONMOUTH HOUSE SCHOOL

Admissions Pack

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MONMOUTH HOUSE SCHOOL

Pupil Information

Pupil Full Name:	Known As:
DOB:	Gender:
First Language:	
Date of Admission:	Pupil UPN (If known):
Previous School Attended: Address: Telephone Number:	
Are you entitled to Free School Meals ? ☐ Yes ☐ No	

PARENT/CARER 1: Title Mr/Mrs/Miss/Ms/other	Surname:	Forename	Relationship to Child:
Home Address:			
Home Telephone:		Mobile:	
Work Telephone:		Email Address:	
Occupation:		Parental Responsibility: (Yes/No)	
PARENT/CARER 2: Title Mr/Mrs/Miss/Ms/other	Surname:	Forename	Relationship to Child:
Home Address:			
Home Telephone:		Mobile:	
Work Telephone:		Email Address:	
Occupation:		Parental Responsibility: (Yes/No)	

Ysgol Tŷ Monmouth Bassaleg Road, Newport, NP20 3EB
t: 0330 135 8203
e: monmouth@phoenixschools.org.uk
www.phoenixschools.org.uk

Phoenix Learning & Care Group is a trading name for Phoenix Learning & Care Holdings Ltd (Company number: 07899184)
Also trading as: Phoenix Learning & Care Ltd (03586426) and Phoenix Childcare Ltd (05506172)

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We will make every effort to contact parents first but if you are unavailable, please provide the name, address and telephone numbers of two further daytime contacts.

***PLEASE NOTE THIS INFORMATION IS VERY IMPORTANT AND MUST BE COMPLETED.**

***Emergency Contact 1** Name:	Address:	Home Telephone:
Mobile:	Work telephone:	Relationship to Child:
***Emergency Contact 2** Name:	Address:	Home Telephone:
Mobile:	Work telephone:	Relationship to Child:
Preferred method of contact : ☐ Phone ☐ Email		

Name of Doctor: Surgery Address: Telephone Number:	

Local Authority Case Officer:	
Educational Psychologist:	
Social Worker:	
Speech and Language Therapist:	
Occupational Therapist:	

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Who has parental responsibility? Is there anyone who **is not** allowed contact with your child? (Please give details)	
Siblings Names and Ages:	
If parents do not live together does your child see the other parent? How often does your child stay with them overnight?	
Details of other family members / special people to your child:	

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Medical Information

Has your child had or is still experiencing any of the following	
Asthma or Bronchitis?	YES / NO
Sight or Hearing needs?	YES / NO
Heart Condition?	YES / NO
Fits, Fainting or blackouts?	YES / NO
Severe Headaches?	YES / NO
Diabetes?	YES / NO
Back injuries?	YES / NO
Allergies to food, pollen, dust, insect stings?	YES / NO
Dental problems?	YES / NO
Surgical or Medical Treatment?	YES / NO
Taking any medication?	YES / NO
Allergies to any known medical drugs?	YES / NO
Have any special dietary requirements?	YES / NO
Suffer from travel sickness?	YES / NO
Any other illness / special need?	YES / NO
Please provide details if the answer was "YES" to any of the above.	
Has your child been known to smoke tobacco or take drugs?	YES / NO
If "Yes" please give more information?	

If medication needs to be taken at school please complete the 'prescribed medication form'

Is your child confident in water?	Yes / No
Can your child swim 50 metres?	Yes / No

Parent/Guardian signature: _____Date: _____

Name (printed): _____

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GENERAL CONSENT

For school activities both on and off the premises.

I, being the parent/guardian of _____ (name of child), give permission for the following:

ACTIVITY	YES	NO
1. My child to travel; in the school vehicles.		
2. My child to take part in educational and socially beneficial outings, e.g. going to the shops, café, park etc.		
3. My child to leave school premises individually or in a small group with an appropriate number of members of staff.		
4. My child to use the outdoor play equipment. I fully understand the element of risk involved in using the equipment.		
5. My child to be attended to appropriately in the event of toileting or other similar incidents.		
6. Sun cream to be applied to my child if necessary.		
7. My child to use the internet as part of school and after school activities.		
8. My child's photo to be displayed in the school.		
9. My child to participate in online video calls / meetings, i.e. Microsoft Teams and Zoom.		
10. My child to watch age appropriate and PG film content when required as part of their classroom activities.		
11. My child to engage in activities involving application of make-up / creams for sensory and wellbeing purposes.		
12. My child to participate in events where external visitor will be present. For e.g inspirational speakers / workshops.		
13. My child to engage in animal encounter experiences. These could be onsite or during an educational visit.		

With regard to points 1-4 these are general permissions that allow us to take children out of school at short notice. You will be informed of specific events. All off-site trips are carefully planned and risk assessed and have clear educational objectives.

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Data Protection and Information Sharing Notice

Whilst your child is at Ysgol Tŷ Monmouth we may need to share information about you with other agencies.

We need your consent to share some of your personal data with a number of organisations. In some cases, we may need to provide more detailed personal information to support the application for access arrangements being made on your behalf.

If you are happy for us to share your data, please provide your consent by completing the declaration below. We will not use your data for any other purpose without your consent (unless authorised to do so by law).

Declaration

For the purpose of processing my access arrangement application, I consent to the use of my name, date of birth and other relevant data as set out above. I understand that this information will not be used for any other purpose without my consent unless authorised by law.

Parent/Guardian signature: _____Date: _____

Name (printed): _____

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Photo Consent Form

Name of the child's parent or guardian: _____

Name of child: _____

School: _____

Occasionally, we may take photographs of the children at our school. We may use these images in our school's prospectus or in other printed publications that we produce, as well as on our website. We may also make video or webcam recordings for school-to-school conferences, monitoring or other educational use.

To comply with the Data Protection Act 1988, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Please circle your answer

May we use your child's photograph in the school Prospectus and other printed publications that we produce for promotional purposes?	**Yes / No**
May we use your child's image on our website?	**Yes / No**
May we record your child's image on video or Webcam?	**Yes / No**
Are you happy for your child to appear in the media?	**Yes / No**

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

I have read and understood the conditions of use on the back of this form.

Parent/Guardian signature: _____Date: _____

Name (printed): _____

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Speech and Language Therapy Consent Form

Name of the child's parent or guardian: _____

Name of child: _____

School: _____

We have an integrated Speech and Language Therapist working at the school which all children can access support from (see the SLT welcome pack for more information). When working with your child they may take photos and videos or have student SLT's on placement supporting their work with your child.

As per the Health and Care Professions Council and to comply with the Data Protection Act 1988, we need your permission before we can photograph or make any recordings of your child or have student SLT's working with your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Please read the information below:

During your child's speech and language therapy sessions, it can be beneficial to take photos and/or digital recordings for the following purposes:

1) To assess and gather information about your child's speech, language, and communication needs

2) To use for the purposes of delivering speech and language therapy sessions, e.g., showing your child footage of themselves completing a task

3) To help track your child speech, language, and communication progress, e.g., baseline videos and mid/post therapy videos

4) To use in therapy reports for sharing with people involved in the immediate care and education of the client

5) To use during staff training sessions for staff to reflect on their strengths and to identify areas for improvement when supporting your child speech, language, and communication needs

All photos and/or digital recordings will be kept on an electronic device secured with a password (such as a Phoenix Learning and Care laptop or tablet). The only people who will have access to this will be the speech and language therapy team for the school.

Please delete as appropriate:

I (parent/carer) consent/do not consent to my child being digitally recorded, including video and audio clips or photographed for the above purposes by the Speech and Language Therapist.

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Please read the information below:

SLT Student Placements

The Speech and Language Therapy team oversee clinical placement students from the University of St Mark and St John, Plymouth. Please read the following before indicating your decision below:

1) Students will be asked to read the Phoenix Learning and Care Group 'Data Protection Policy', 'Data Breach Policy' and 'Privacy Policy' and show full awareness of the need for confidentiality by reading and signing the Speech and Language Therapy confidentiality agreement.

2) Speech and Language Therapy students on clinical placement will complete an induction in accordance with the University of St Mark and St John. This will be signed off by the Speech and Language Therapist and copies held on file.

3) Students will at times need to see confidential documents and to read through files on paper or on the computer.

4) Speech and Language Therapy students on clinical placement will be allocated a password protected laptop.

5) Speech and Language Therapy students on clinical placement will be granted access to the relevant Microsoft Sharepoint site where relevant documentation on your child is stored.

6) Students will not be allowed to take laptops home or to remove any child data from the office.

7) Following their placement, Speech and Language Therapy students on clinical placement are expected to complete a written case file report. The student will obtain the required consent to obtain and use anonymised child data in their case file. Consent is gained from parents/carers/guardians or the child themselves or other professionals acting in the 'best interest' of the child who do not have capacity to consent.

8) Final year Speech and Language Therapy students will be expected to obtain video footage of a client to complete their clinical exam. The student will obtain the required consent to obtain and use child video footage in their clinical exam. Consent is gained from parents/carers/guardians or the child themselves or other professionals acting in the 'best interest' of the child who do not have capacity to consent.

Please delete as appropriate:

I (parent/carer) consent/do not consent to SLT students on placement working with my child and the SLT.

Parent/Guardian signature: _____Date: _____

Name (printed): _____

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Therapy Input Agreement

As I am sure you will be aware, we have an integrated therapies team that work across the school, this includes our pupils having access to creative therapies, psychology and speech and language therapy. This approach supports the school to operate as a therapeutically informed environment and enables our specialist therapists to work alongside those from within education.

This means that members of the therapies team are regularly on site supporting the pupils and the teaching team to deliver approaches across all areas of the pupils' day; and not just within discreet one-to-one sessions.

Each pupil will be assessed, so we can find the best approach for them. This might involve having one-to-one sessions, and/ or strategies given to the teaching team so they can support the development of the pupil.

In order to support us with this process please can I ask that you sign the following to confirm you agree to all therapies input delivered throughout the school.

I agree to the following:

1)	To being assessed by the integrated therapies team.	**Yes / No**
2)	To one-to-ones sessions	**Yes / No**
3)	For strategies to be used by my education team, provided by the therapies team.	**Yes / No**
4)	I understand that assessments, sessions and sessions notes are confidential, except for in the event of a safeguarding issue	☐
5)	I understand that the therapies team may discuss progress of pupils in confidential meetings with other professionals	☐
6)	I give permission for the therapies team to store any work made in sessions	**Yes / No**
7)	I give permission for work to photographed (not the pupil) as a way of keeping record of sessions	**Yes / No**

Parent/Guardian signature: _____Date: _____

Name (printed): _____

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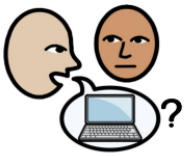
E-safety rules and Acceptable Use of ICT



1. I ask a grown up if I want to use a device.

2. I only use activities like games, apps, and websites if a grown up lets me.

3. I look after all the devices I use.

4. I ask for help from a grown up if I am not sure what to do.

5. I ask for help from a grown up if I think I might have done something wrong.

6. I tell a grown up if I see something I think is wrong or if I see something that upsets me on the screen.

7. I know if I break the rules I might not be allowed to use a device.

Pupil: _____ Date: _____

Parent/Guardian: _____ Date: _____

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Contact Details

If you need to contact us for any further help or guidance, then please use the details below:

Rhuanedd Deroy-Jones - Head Teacher R.Deroy-Jones@phoenixschools.org.uk

Anne Stephens – Deputy head Teacher astephens@phoenixschools.org.uk

Natasha Smith – ALNCo nsmith@phoenixschools.org.uk

Ysgol Ty Monmouth email: monmouth@phoenixschools.org.uk

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