

ADMISSIONS PROCEDURES FOR PRIMARY AND SECONDARY SCHOOLS EXPLANATORY NOTES

1. An admissions form must be completed for all pupils enrolled into Aberdeenshire primary and secondary schools.
2. A number of forms may need to be completed as part of the authority's admission procedures:
 - 2.1 **Form A**
 - Completed by all parents/carers
 - The shaded part is completed by the school office
 - There are separate forms for primary and secondary schools
 - Further details about completing Form A are provided on the following pages
 - 2.2 **Form B**
 - Completed by parents/carers only if their child has additional support needs.
 - This is indicated by their response to Question 1 on Form A
 - 2.3 **Form C**
 - Completed by Head Teacher only when Form B is completed
 - 2.4 **Form D – special dietary requirements**
 - Completed by parents/carers only if their child has a special dietary requirement together with consent form for contacting dietitian/GP/private practitioner. If you wish you may reproduce this letter on school headed notepaper signed by the Head Teacher.
 - Special dietary requirements are indicated by the parent's response to Question 2 on Form A.
 - Once completed this information should be shared with the catering staff in your school.
 - Following this the child's parent/carer should be offered the opportunity to meet with staff from the catering service.
 - A copy of form D should be retained in school and another copy should be sent to the Area Catering Supervisor (Planning and Environmental Services, Aberdeenshire Council, Harlaw Road, Inverurie, AB51 4TE) with a note of the pupil's name and school attended.
 - Where a child has a medically prescribed diet a copy of form D should be sent to Dr Jackie McDonald (School Health Team, Community Child Health, RACH, Cornhill Road, Aberdeen AB25 2ZG). Please attach on school headed notepaper a brief note of the child's name, address and date of birth.
 - If the School Health Team are of the view that the dietary requirement can not safely be accommodated within the scope of the school meals service, the parents, school and catering service will be informed within 30 days and advised that a packed lunch provided from home would better guarantee dietary compliance.

2.5 **Form E – communication requirements**

- Completed by parents/carers if they require information that is sent home from school in a language other than English or in a different format.
- Advice will be provided to schools on how to proceed if Form E is completed.

2.6 **Form F – access to school buildings**

- Completed by parents/carers if the parent/carer requires support to access the school building.
- Advice will be provided to schools on how to proceed if Form F is completed.

3. Where a child with additional support needs requires significant planned intervention a Pupil Support Plan must be completed before enrolment. This will be in addition to Form C.

ADMISSION PROCEDURES

1. Hand out Form A – School Admission Form and direct parents’ attention to Questions 1 to 4.
2. If the parent answers YES to any of Questions 1 to 4 then
 - a) The Head Teacher or designated admissions representative must identify whether any additional resources may be required to meet the pupil’s needs. This will be done by completion of Forms B, C, D, E or F as appropriate.
 - b) Meanwhile Form A should be completed and signed by the parent.
 - c) The parents, supported by Head Teacher or designated Admissions Representative, should fill in and sign Admission Form B.
3. If the support needs can be met through re-prioritising the existing school resources the child will be accepted into school.
4. If the needs cannot be met within the existing school resources, the Head Teacher or designated admissions representative should advise the parent that he/she will consult with the SERO and a decision will be made about admission and passed on to the parent within 28 days. *Note that this will happen only in exceptional circumstances e.g. where a pupil is moving into Aberdeenshire from another authority.* This could involve a multi-disciplinary meeting if additional resources are required to meet the pupil need.

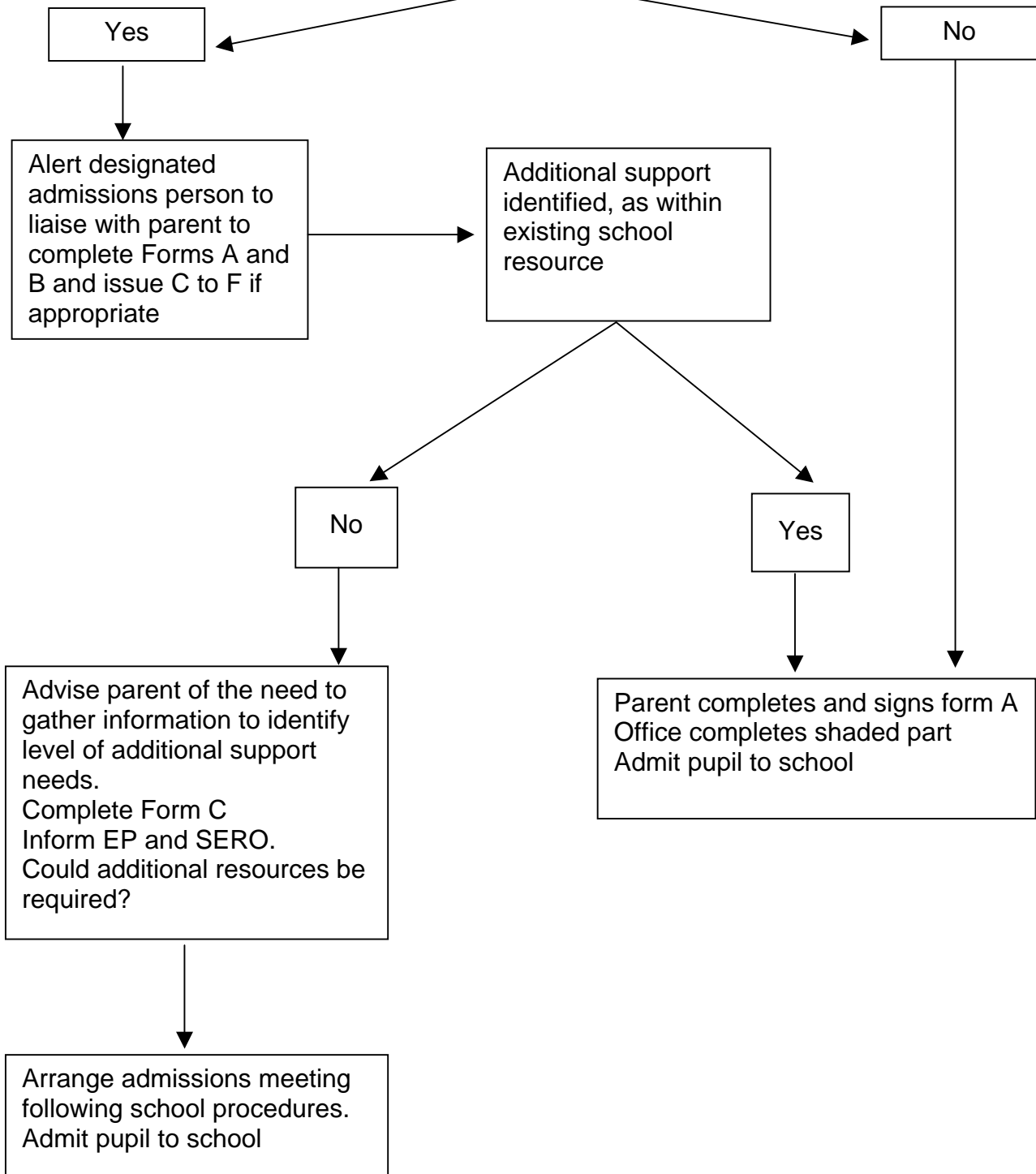
The Head Teacher or designated admissions representative should complete Admission Form C – Additional Educational Needs Details and contact the SERO.

5. If the parent answers NO to Question 1 then Form A should be filled in by the parent, signed and the child will be accepted into school.

Schools should ensure that all information held is kept up to date on an annual basis.


Summary of Admissions Procedures for Primary and Secondary

Parent arrives at school
Hand out Form A directing attention to Questions 1 to 4
Answer



School Admission Form A Administration Instructions

Notes:

1. The attached form is intended to provide a core that schools will personalise. Margins and page breaks should be set after it has been customised.
2. The form covers all the fields that may be entered in to Phoenix and includes all the current ScotXed requirements.
3. If the answer to the first four questions is yes then the Head Teacher or designated Admissions Representative will advise and assist the parents with completion of the additional forms required. (This will not necessarily mean a formal admissions meeting, but it is necessary to identify whether the resources to meet the pupil need will be within the existing resources of the school's support system)
4. The order of the items on the form is the order that they occur when "Tabbing" through them in Phoenix. This order simplifies the entry the data, and minimises the risk of errors or omissions at that stage. Please note that the tabbing, unfortunately, stops going through each section when you reach the Heritage Information.
5. There are separate forms for Primary and Secondary Admissions so ensure the correct form is used.
6. If a school has "Extra Items" of information that it would like to collect and enter to Phoenix these may be added to the blank rows at the end of the form.
7. Items with an * at the beginning must be completed for all pupils for Scotxed purposes.
8. Shaded items will be entered by administrative staff and so parents need not complete these.
9. Tick boxes are used where the information required must be in a specific format or where it is a code.
10. When you click on  (new record) a box should appear at the bottom of your Pupil Record Screen called 'External Ids'. You can enter the pupil's UPN and SCN information here AFTER you have entered the name of the pupil. When you select "Assign New" or "Temporary" it will not show the number here it will read "to be assigned" or "to assign" **when it actually has assigned a number.**
11. If you don't have the same list of Religions and Home Languages as on the form go to Pupil Records and Look Up Tables and you can edit the lists here. **Please note that this information is NOT compulsory.**
12. Within Phoenix it is possible to set 3 flags: Medical Alert, Absence Alert and Instant Absence alert. Clicking on one of these flags brings up a message. These can be made open to all staff and can be used to highlight any specific needs that a pupil has, or to alert staff to the fact that they should seek further information. If the school wishes to use this facility then appropriate notes should be written and entered at "Health Needs", "Absence Alert" and/or "Instant Absence Alert". Additional Educational Needs may be summarised in the last box of that form for entry to "Medical Alert".
13. Other forms that may be issued to parents along with this one are:
 - Public Transport Unit: PTU100, PTU500 or PTU 200 as appropriate.
 - Free School Meals request.
 - School Board Electoral Roll.

*******Name of Secondary School***** : Admission Form A**

*****Address, Post Code, Telephone No & Fax No*****

*****Main School E-Mail Address*****

PLEASE COMPLETE IN BLOCK CAPITALS
PARENTS NEED ONLY COMPLETE THE UNSHADED ITEMS

(ITEMS MARKED * ARE ESSENTIAL)

IN ALL CASES FORM A MUST BE COMPLETED

Question 1 - Will your child need additional support for any reason? <i>(It could be for health or medical needs, accessibility to school buildings, learning difficulties or behaviour.)</i> If "YES" please complete form B	Y / N
Question 2 - Does your child have a special dietary requirement? If "YES" please complete form D	Y / N
Question 3 - Do you require information that is sent home from school to be in a language other than English or in a particular format? If "YES" please complete form E	Y / N
Question 4 - Do you have any requirements to help you access the school buildings? If "YES" please complete form F	Y / N
Please note that if your child's additional needs are not identified at this time it may not be possible for <u>this establishment</u> to provide for your child's future needs.	
* Forenames	
* Surname	
* Known As (First Name)	
(Office to enter) Roll Number	(Entered automatically)
* (Office to enter) Unique Pupil Number	
* Scottish Candidate Number (Pupils in Secondary 3 or above only) (if known)	
* D.O.B	
(Office to enter) (Birth Certificate Seen by Office?)	Yes/No
* Gender	
(Office to enter) Admission Date	
(Office to enter) Status	On Roll <input type="checkbox"/> On roll of another School <input type="checkbox"/> Adult/Guest <input type="checkbox"/> Other off roll <input type="checkbox"/> On roll but at FE <input type="checkbox"/>
(Office to enter) Attendance	Full Time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/>
(Office to enter) New Pupil	(Check box)
(Office to enter) Registered	On register <input type="checkbox"/> Not on register <input type="checkbox"/> Not counted <input type="checkbox"/>
(Office to enter) Class & Set	
(Office to enter) Year	
(Office to enter) House	
* Pupil Home Address	
* Post Code	
(Office to enter) Zone	
* Pupil Home Tel No	

	Pupil Home Fax No	
	Pupil Mobile No	
	Pupil Home E-Mail	
	(Office to enter) Previous School Code	
*	Previous School Name (If applicable)	
	Mother/Female Guardian	
	Title	
	Forename	
	Initials	
	Surname	
	(if set up in Phoenix) Occupation	
	Employment Whereabouts	
*	Daytime Contact No	
	Mobile No	
	Include on School Board Electoral Roll?	Yes / No
	Member of Staff at this School?	Yes / No
	Father/Male Guardian	
	Title	
	Forename	
	Initials	
	Surname	
	(if set up in Phoenix) Occupation	
	Employment Whereabouts	
*	Daytime Contact No	
	Mobile No	
	Include on School Board Electoral Roll?	Yes / No
	Member of Staff at this School?	Yes / No
	Mothers Home E-Mail Address	
	Mothers Work E-Mail Address	
	Fathers Home E-Mail Address	
	Fathers Work E-Mail Address	
	(Office to enter) Letters to	
	(Office to enter) Labels to	
	(Office to enter) Mailing Codes	
*	Brothers & Sisters at Primary or Secondary School:	
	(Enter: name; d.o.b. and school)	

*	Other emergency contacts (not parental) Please state Name, Relationship & Tel No.		1.			
			2.			
			3.			
Extra Items – School Specified		See end of form for entries (Office to enter)				
*	Does your son/daughter have any of these? (Please tick as many as apply)		Asthma <input type="checkbox"/>	Impaired Eyesight <input type="checkbox"/>	Speech <input type="checkbox"/>	
			Migraine <input type="checkbox"/>	Allergy <input type="checkbox"/>	Autism <input type="checkbox"/>	
		Hear Condition <input type="checkbox"/>	Mobility Problems <input type="checkbox"/>	Fainting <input type="checkbox"/>		
		Diabetic <input type="checkbox"/>	Nose Bleeds <input type="checkbox"/>	Haemophiliac <input type="checkbox"/>		
		Eczema <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Serious Allergy <input type="checkbox"/>		
		Hay Fever <input type="checkbox"/>	Cystic Fibrosis <input type="checkbox"/>	Prescribed diet <input type="checkbox"/>		
		Impaired Hearing <input type="checkbox"/>	Hyperactivity <input type="checkbox"/>	Serious Allergy <input type="checkbox"/>		
Doctor/Medical Practice						
(Office to enter) Health Needs						
*	Ethnic Origin (Please 3one only)	White UK <input type="checkbox"/>	Asian – Indian <input type="checkbox"/>	Occupational Traveller <input type="checkbox"/>	Mixed <input type="checkbox"/>	
		White Other <input type="checkbox"/>	Asian – Pakistani <input type="checkbox"/>	Gypsy Traveller <input type="checkbox"/>	Other <input type="checkbox"/>	
		Black – African <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>	Other Traveller <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	
		Black – Caribbean <input type="checkbox"/>	Asian – Chinese <input type="checkbox"/>		Not Known <input type="checkbox"/>	
		Black – Other <input type="checkbox"/>	Asian – Other <input type="checkbox"/>			
(Office to enter) Source of Ethnic Origin						
*	National Identity (Please 3one only)	Scottish <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Other <input type="checkbox"/>		
		English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>		
		British <input type="checkbox"/>	Not Known <input type="checkbox"/>			
Asylum Seeker/Refugee Status		Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Neither <input type="checkbox"/>				
*	Religion (Please 3one only)	Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other <input type="checkbox"/>		
		Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other – Jehovah's Witness <input type="checkbox"/>		
		Hindu <input type="checkbox"/>	No Religion <input type="checkbox"/>	Sikh <input type="checkbox"/>		
		Not known or not divulged <input type="checkbox"/>				
(Office to enter) Withdrawn from collective worship		Yes / No				
*	Home Language (Please 3one only) SL = Sign Language	Arabic <input type="checkbox"/>	English <input type="checkbox"/>	German <input type="checkbox"/>	Hindi <input type="checkbox"/>	Spanish <input type="checkbox"/>
		Bengali <input type="checkbox"/>	English SL <input type="checkbox"/>	Greek <input type="checkbox"/>	Italian <input type="checkbox"/>	Turkish <input type="checkbox"/>
		British SL <input type="checkbox"/>	French <input type="checkbox"/>	Gujerati <input type="checkbox"/>	Norwegian <input type="checkbox"/>	Urdu <input type="checkbox"/>
		Cantonese <input type="checkbox"/>	Gaelic <input type="checkbox"/>	Hakka <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Not known/not divulged <input type="checkbox"/>
					Other <input type="checkbox"/>	
Additional Languages (If not already specified)						
Nationalities (If not already specified)						
*	(Office to enter) Refugee/Asylum Seeker	(Check box)				
*	(Office to enter) General Notes					
*	(Office to enter) Absence Alert					
*	(Office to enter) Instant Absence Alert					
*	Free School Meals Request	Yes / No (If Yes please complete additional sheet)				
*	Free/Privileged Transport Request	Yes / No (If Yes please complete additional sheet)				
*	(Office to enter) Permanently Excluded					
*	(Office to enter) Placing Request					
*	(Office to enter) On Child Protection Register					

*	Looked After (Local Authority Care)	Yes / No
	Looked After Location	Away from home μ At home μ
	Home Local Authority (If not this one)	
	Caring Local Authority (If not this one)	
*	Does the pupil have an IEP / CSP / RON	Yes / No / Being sought
	(Office to enter) SEN/SFL	(See Form C)
	Pupil's Former Surname	
*	Pupil's Legal Surname	
Please customise the following rows to capture any additional information the school requires to collect from parents or guardians.		

The information on this form will be processed electronically for administrative purposes. This information will be confidential. The processing and storage of this information will comply with the Data Protection Act 1984. Items marked * will be passed to Aberdeenshire Education and Recreation Department, e-care Grampian, Careers Scotland and to the Scottish Executive Education Department as part of the ScotXed return for statistical purposes. An information leaflet about ScotXed is available from this school. If your child transfers to another school we will send this information to the new school. Please assist us by telling the school promptly if any of this information changes.

Education and Recreation, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council services, Government departments and as required by law where it is relevant for their purpose. We will only reveal information to somebody else where we have your permission or where we have to in order to supply information or a service that you have asked us for. We do not sell or rent information to anybody.

I give permission for my child to be photographed for internal school purposes only.	
* Signature:

I certify that, to the best of my knowledge, the above information is correct.

* Parent/carer/guardian name (Please Print):

* Relationship to the Pupil:

* Signature:

Date:

*******Name of Primary School***** : Admission Form A**

*****Address, Post Code, Telephone No & Fax No*****

*****Main School E-Mail Address*****

PLEASE COMPLETE IN BLOCK CAPITALS
PARENTS NEED ONLY COMPLETE THE UNSHADED ITEMS

(ITEMS MARKED * ARE ESSENTIAL)

IN ALL CASES FORM A MUST BE COMPLETED

Question 1 - Will your child need additional support for any reason? <i>(It could be for health or medical needs, accessibility to school buildings, learning difficulties or behaviour.)</i> If "YES" please complete form B	Y / N
Question 2 - Does your child have a special dietary requirement? If "YES" please complete form D	Y / N
Question 3 - Do you require information that is sent home from school to be in a language other than English or in a particular format? If "YES" please complete form E	Y / N
Question 4 - Do you have any requirements to help you access the school buildings? If "YES" please complete form F	Y / N
Please note that if your child's additional needs are not identified at this time it may not be possible for <u>this establishment</u> to provide for your child's future needs.	

*	Forenames	
*	Surname	
*	Known As (First Name)	
	(Office to enter) Roll Number	(Entered automatically)
*	(Office to enter) Unique Pupil Number	
*	Scottish Candidate Number (Pupils in Secondary 3 or above only) (if known)	
*	D.O.B	
	(Office to enter) (Birth Certificate Seen by Office?)	Yes/No
*	Gender	
	(Office to enter) Admission Date	
	(Office to enter) Status	On Roll μ On roll of another School μ Adult/Guest μ Other off roll μ On roll but at FE μ
	(Office to enter) Attendance	Full Time μ AM μ PM μ Other μ
	(Office to enter) New Pupil	(Check box)
	(Office to enter) Registered	On register μ Not on register μ Not counted μ
	(Office to enter) Class & Set	
	(Office to enter) Year	
	(Office to enter) House	
	Nursery Date of Admission	
	Primary Date of Admission	
	Start of Primary Education	
*	Pupil Home Address	

*	Post Code	
	(Office to enter) Zone	
*	Pupil Home Tel No	
	Pupil Home Fax No	
	Pupil Mobile No	
	Pupil Home E-Mail	
	(Office to enter) Previous School Code	
*	Previous School Name (If applicable)	
	Mother/Female Guardian	
	Title	
	Forename	
	Initials	
	Surname	
	(if set up in Phoenix) Occupation	
	Employment Whereabouts	
*	Daytime Contact No	
	Mobile No	
	Include on School Board Electoral Roll?	Yes / No
	Member of Staff at this School?	Yes / No
	Father/Male Guardian	
	Title	
	Forename	
	Initials	
	Surname	
	(if set up in Phoenix) Occupation	
	Employment Whereabouts	
*	Daytime Contact No	
	Mobile No	
	Include on School Board Electoral Roll?	Yes / No
	Member of Staff at this School?	Yes / No
	Mothers Home E-Mail Address	
	Mothers Work E-Mail Address	
	Fathers Home E-Mail Address	
	Fathers Work E-Mail Address	
	(Office to enter) Letters to	
	(Office to enter) Labels to	
	(Office to enter) Mailing Codes	
*	Brothers & Sisters at Primary or	

Secondary School: (Enter: name; d.o.b. and school)						
*	Other emergency contacts (not parental) Please state Name, Relationship & Tel No.		1.			
			2.			
			3.			
Extra Items – School Specified		See end of form for entries (Office to enter)				
*	Does your son/daughter have any of these? (Please tick as many as apply)		Asthma <input type="checkbox"/>	Impaired Eyesight <input type="checkbox"/>	Speech <input type="checkbox"/>	
			Migraine <input type="checkbox"/>	Allergy <input type="checkbox"/>	Autism <input type="checkbox"/>	
		Hear Condition <input type="checkbox"/>	Mobility Problems <input type="checkbox"/>	Fainting <input type="checkbox"/>		
		Diabetic <input type="checkbox"/>	Nose Bleeds <input type="checkbox"/>	Haemophiliac <input type="checkbox"/>		
		Eczema <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Serious Allergy <input type="checkbox"/>		
		Hay Fever <input type="checkbox"/>	Cystic Fibrosis <input type="checkbox"/>	prescribed diet <input type="checkbox"/>		
		Impaired Hearing <input type="checkbox"/>	Hyperactivity <input type="checkbox"/>	Serious Allergy <input type="checkbox"/>		
Doctor/Medical Practice (Office to enter)		Health Needs				
*	Ethnic Origin (Please 3one only)	White UK <input type="checkbox"/>	Asian – Indian <input type="checkbox"/>	Occupational Traveller <input type="checkbox"/>	Mixed <input type="checkbox"/>	
		White Other <input type="checkbox"/>	Asian – Pakistani <input type="checkbox"/>	Gypsy Traveller <input type="checkbox"/>	Other <input type="checkbox"/>	
		Black – African <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>	Other Traveller <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	
		Black – Caribbean <input type="checkbox"/>	Asian – Chinese <input type="checkbox"/>		Not Known <input type="checkbox"/>	
		Black – Other <input type="checkbox"/>	Asian – Other <input type="checkbox"/>			
(Office to enter)		Source of Ethnic Origin				
*	National Identity (Please 3one only)	Scottish <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Other <input type="checkbox"/>		
		English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>		
		British <input type="checkbox"/>	Not Known <input type="checkbox"/>			
Asylum Seeker/Refugee Status		Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Neither <input type="checkbox"/>				
*	Religion (Please 3one only)	Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other <input type="checkbox"/>		
		Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other – Jehovah's Witness <input type="checkbox"/>		
		Hindu <input type="checkbox"/>	No Religion <input type="checkbox"/>	Sikh <input type="checkbox"/>		
		Not known or not divulged <input type="checkbox"/>				
(Office to enter)		Withdrawn from collective worship Yes / No				
*	Home Language (Please 3one only) SL = Sign Language	Arabic <input type="checkbox"/>	English <input type="checkbox"/>	German <input type="checkbox"/>	Hindi <input type="checkbox"/>	Spanish <input type="checkbox"/>
		Bengali <input type="checkbox"/>	English SL <input type="checkbox"/>	Greek <input type="checkbox"/>	Italian <input type="checkbox"/>	Turkish <input type="checkbox"/>
		British SL <input type="checkbox"/>	French <input type="checkbox"/>	Gujerati <input type="checkbox"/>	Norwegian <input type="checkbox"/>	Urdu <input type="checkbox"/>
		Cantonese <input type="checkbox"/>	Gaelic <input type="checkbox"/>	Hakka <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Not known/not divulged <input type="checkbox"/>
						Other <input type="checkbox"/>
Additional Languages (If not already specified)						
Nationalities (If not already specified)						
*	(Office to enter)	Refugee/Asylum Seeker	(Check box)			
(Office to enter)	General Notes					
(Office to enter)	Absence Alert					
(Office to enter)	Instant Absence Alert					
*	Free School Meals Request		Yes / No (If Yes please complete additional sheet)			

*	Free/Privileged Transport Request	Yes / No (If Yes please complete additional sheet)
	(Office to enter) Permanently Excluded	
	(Office to enter) Placing Request	
	(Office to enter) On Child Protection Register	
*	Looked After (Local Authority Care)	Yes / No
	Looked After Location	Away from home μ At home μ
	Home Local Authority (If not this one)	
	Caring Local Authority (If not this one)	
*	Does the pupil have an IEP / CSP / RON	Yes / No / Being sought
	(Office to enter) SEN/SFL	(See Form C)
	Pupil's Former Surname	
*	Pupil's Legal Surname	
Please customise the following rows to capture any additional information the school requires to collect from parents or guardians.		

The information on this form will be processed electronically for administrative purposes. This information will be confidential. The processing and storage of this information will comply with the Data Protection Act 1984. Items marked * will be passed to Aberdeenshire Education and Recreation Department, e-care Grampian, Careers Scotland and to the Scottish Executive Education Department as part of the ScotXed return for statistical purposes. An information leaflet about ScotXed is available from this school. If your child transfers to another school we will send this information to the new school. Please assist us by telling the school promptly if any of this information changes.

Education and Recreation, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council services, Government departments and as required by law where it is relevant for their purpose. We will only reveal information to somebody else where we have your permission or where we have to in order to supply information or a service that you have asked us for. We do not sell or rent information to anybody.

I give permission for my child to be photographed for internal school purposes only.

* Signature:

I certify that, to the best of my knowledge, the above information is correct.

* Parent/carer/guardian name (Please Print):

* Relationship to the Pupil:

* Signature:

Date:

PARENTAL NOTIFICATION OF ADDITIONAL NEEDS

You have answered YES to the question below on your application for admission to school

Question 1: Will your child need additional support for any reason? The support may be for health or medical requirements, learning difficulties or behaviour.

Question: Why do I need to tell you about any additional needs my child has?

Answer: This is so we can look at any extra support that will be needed and make sure that it is in place before your child starts.

Question: What kinds of additional needs should I mention in the application form?

Answer: We need to know about any concerns or assessments or treatments which might affect your child at school. Here are a few examples....

- Medical treatment
- Assessments by a speech & language therapist, medical staff, psychologist or psychiatrist
- Concerns about development or behaviour and in Nursery any concerns about the development of play (and playing for children about to go into nursery)

Question: What will happen to this information?

Answer: This information is confidential and will only be used to decide whether your child needs additional help or resources. There will normally be a meeting to discuss this. This meeting will involve parents of the child, member of school staff and anyone else involved with the child (health visitor, doctor, therapist) who can help the meeting decide on next steps.

Question: Can my child start straight away?

Answer: We will call the meeting as quickly as possible. We will listen to the information given by parents and others. The meeting will then decide whether a placement can start straight away or whether we need to look at putting in place additional support for your child. The recommendations of the meeting will then be sent to the Senior Education Officer for the school, who will confirm a placement as quickly as possible.

It is important not to feel that this is "making your child different". It is important that we put everything in place to make your child safe, well cared for and happy in school.

To be completed by Head Teacher or representative

Additional Educational Needs Details

- This page is for completion by the Head Teacher or designated Admissions Representative after discussions with the parent/carer.
- It may also be used as a data capture form for additional support needs to update records annually.
- The information gathered here will be entered in the pupil's record in Phoenix under *Confidential Information, SEN details*.
- If the pupil has: a Record of Needs or an Individual educational Programme or both then the items marked * must be completed and entered into Phoenix for the annual ScotXed census.

Pupil's Name	
* Additional Needs Start Date	
Additional Needs Stop Date	
* Full-time in school	Yes/No (If no: number of half days in school, 0-10)
* Attends Special School or Unit	Yes/No
* Mainstream Integration	(Number of half days in mainstream, 0-10)
* Special School or Unit Attendance	(Number of half days in special school or unit, 0-10)
* Record of Needs (RoN)	Yes/No/being sought
* Individual Education Plan (IEP)	Yes/No
* Main Difficulty in Learning (Please only 3 ONE)	<input type="checkbox"/> None Set. <input type="checkbox"/> Sensory – Significant hearing impairment. <input type="checkbox"/> Sensory – Significant visual impairment. <input type="checkbox"/> Significant physical or motor impairment. <input type="checkbox"/> Significant language and speech disorder. <input type="checkbox"/> Social emotional and behavioural difficulties. <input type="checkbox"/> Specific learning difficulties in language and/or mathematics (including dyslexia). <input type="checkbox"/> Moderate learning difficulties. <input type="checkbox"/> Severe learning difficulties. <input type="checkbox"/> Profound learning difficulties. <input type="checkbox"/> Autistic spectrum disorder. <input type="checkbox"/> Complex or multiple impairments: Dual sensory impairment. <input type="checkbox"/> Complex or multiple impairments: Moderate learning difficulty and significant other impairments or disorders. <input type="checkbox"/> Complex or multiple impairments: Severe learning difficulty and significant other impairments or disorders. <input type="checkbox"/> Complex or multiple impairments: Profound learning difficulty and significant other impairments or disorders.
Notes on Learning Difficulties To be entered under Confidential Information.	
Record of Needs/ SEN Requirements To be entered under Confidential Information.	
Notes on Additional Educational Needs to be entered under the "Alert" flag for general staff information.	

SPECIAL DIETARY REQUIREMENT

The school catering service is committed to making provision for the delivery of medically prescribed diets, appropriate provision for children with special educational needs, children requiring vegetarian options and children with religious or cultural restrictions. The following questions will help inform the service about how your child can best be supported.

Please complete the appropriate sections as necessary

SECTION A

Does your child have a **medically prescribed** dietary requirement? YES NO

If you have ticked YES please answer the following questions. If NO go to section B

1. Which of these apply?

dairy free egg free wheat free
gluten free nut free diabetes coeliac disease

2. Any other requirements? Please give details

3. Do you use any special dietary products with your child? YES NO

Please give details

4. Which of these products are prescribed?

5. Do you have a prescribed diet plan for your child? YES NO

6. Who provides this for your child? Please provide contact details

.....
.....

Written details from a Medical Practitioner/Dietician may be required to ensure that the Catering Service can safely meet the needs of your child?

Please complete consent form on Page 5 to enable this to take place

SECTION B

Does your child have a **special need** that affects their eating? YES NO

If you have ticked YES please answer the following questions. If NO go to section C

1. Please indicate the need from the list below

Texture modification Limited food range Reading menu

Help with eating/drinking Help with food selection

2. Any other requirements? Please give details

3. What dietary modification do you follow at home? Please give details

SECTION C

Does your child require a special diet due to **religious or cultural beliefs**? YES NO

If you have ticked YES please answer the following questions. If NO go to section D

Please give details

Would a vegetarian diet meet your child's need? YES NO

SECTION D

Does your child require a **vegetarian diet**? Please note that there is always a vegetarian option available in Secondary school canteens YES NO

Please circle which foods your child **will not** eat?

Meat Fish Milk Eggs Poultry Cheese Yoghurt

Please provide further information that would be helpful

Our Ref:
Your Ref:

Please ask for:
Direct Dial:
E-mail:

Date

Address

Dear Parent/Carer

SPECIAL DIETARY REQUIREMENTS

Thank you for providing information on the dietary requirement for your child. To ensure that your child's dietary requirement can be safely met through the school meals service it may be helpful for catering staff to contact your dietician/GP/private practitioner for further advice.

I would therefore be grateful if you would complete the attached form to enable this to take place.

Yours sincerely

Consent form for parent to complete to confirm child's dietary requirement

I confirm that my child

Name _____

Requires (state type of diet)

As prescribed by (insert name & address of dietician/GP/private practitioner)

If your child is seeing or has been seen by a dietician please provide contact details

I give permission for any member of the school catering team to contact my child's dietician

Signed: _____ Date _____

Name (please print): _____

Relationship to child: _____

Information sent home from school

Aberdeenshire Education & Recreation Service is committed to providing parents/carers with information in a language or format which best meets their needs.

Do you require information to be provided in a language other than English? YES NO

If YES please state your preferred language

Do you require information in larger print? YES NO

Do you require information in Braille? YES NO

Do you require information on an audio tape? YES NO

Access to school buildings

Aberdeenshire Education & Recreation Service will do its best to help parents and carers access school buildings.

Please explain your specific access requirements: