Serenity School

ADMISSION FORM

This form must be submitted before your child attends school.

Child's Name	

For Office use

Tutor Group: _____

Year Group: _____ Year Taught: _____

Admission # _____

ULN (If required): _____ UPN: _____

LAC/Social Care (circle): Yes No

Medical form copied for First Aid Folder in Medical Room _____

PROFILE

Personal Details and ID

Forename _____ Surname _____

Middle Name _____ Chosen Name_____

Gender (circle as appropriate) Male/Female

Preferred pronouns _____

Date of Birth _____/_____/_____

Home Address:

_____

_____Postcode _____

Landline/ Home Telephone No _____

Email Address _____

Contacts

Please state who Student Resides with?

Pls complete if Child is under the care of the Local Authority/Social Care

OFFICE ONLY - Add to Safeguarding section on BromCom

LAC Placing Authority _____

SEND Caseworker _____

Mobile/Tel No. _____/_____

Email Address _____

Social Worker _____

Mobile/ Tel No. _____/_____

Email Address _____

Mother's Name _____ Priority of contact (Please circle) 1st, 2nd.

Address _____

Email address _____

Mobile number _____

Telephone number _____Home/Work/Other_____

Telephone number _____Home/Work/Other_____

Admin notes: Please ensure:
- the checkbox for parental responsibility is selected
- email is selected as preferred communication method on the drop drown

Father's Name _____ Priority of contact (Please circle) 1st, 2nd.

Address _____

Email address _____

Mobile number _____

Telephone number 1 _____

Telephone Number 2 _____

Admin notes: Please ensure:
- the checkbox for parental responsibility is selected
- email is selected as preferred communication method on the drop drown

Emergency Contacts with Parental Responsibility

Emergency Contact 1 **Priority of contact (Please circle) 1st, 2nd.**

Relationship _____

Title _____Surname _____Forename _____

Address _____

Postcode _____

Email address _____Mobile number_____

Telephone number 1 _____Telephone Number 2_____

Emergency Contact 2 **Priority of contact (Please circle) 1st, 2nd.**

Relationship _____

Title _____Surname _____Forename _____

Address _____

Postcode _____

Email address _____Mobile number_____

Telephone number 1 _____Telephone Number 2_____

Admin notes: Please ensure:
- the checkbox for parental responsibility is selected
- email is selected as preferred communication method on the drop drown

Additional priority contact – Priority of contact (Please circle) 1st, 2nd, 3rd.

Relationship _____

Title _____Surname _____Forename _____

Address _____Postcode _____

Email address _____Mobile number _____

Telephone number 1 _____Telephone Number 2_____

Additional priority contact – Priority of contact (Please circle) 1st, 2nd, 3rd.

Relationship _____

Title _____Surname _____Forename _____

Address _____Postcode _____

Email address _____Mobile number _____

Telephone number 1 _____Telephone Number 2_____

Please provide at least 2 contacts. If your child is dual registration, please put their other school information as an emergency contact. **If you wish to provide information of more contacts, please write details on a separate sheet of paper and attach it to this section of the form.**

Siblings on Roll

Brother /Sisters attending Serenity Crawley_

Student Name_____Tutor Group _____ Relationship_____

Student Name_____Tutor Group _____ Relationship_____

Student Name_____Tutor Group _____ Relationship_____

ETHNICITY DATA

Student's Name _____

Class / 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.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the student named above. Please also tick whether the form was filled in by a parent/carer or the student.

White

[ ] British

[ ] Irish

[ ] Traveller or Irish Heritage

[ ] Gypsy/Roma

[ ] Any other White background

Asian or Asian British

[ ] Indian

[ ] Pakistani

[ ] Bangladeshi

[ ] Any other Asian background

Mixed

[ ] White and Black Caribbean

[ ] White and Black African

[ ] White and Asian

Black or Black British

[ ] Caribbean

[ ] African

[ ] Any other Black background

[ ] Chinese

[ ] Any other ethnic background

[ ] I do not wish for an ethnic background category to be recorded

First Language _____

Country of Birth _____

National Identity

[ ] Welsh [ ] English [ ] Scottish

[ ] Irish [ ] British [ ] Other

Proficiency in English

[ ] New to English [ ] Early Acquisition [ ] Developing Competence

[ ] Competent [ ] Fluent [ ] Not Yet Assessed

This information was provided by:

[ ] Parent

[ ] Student

Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

Meal and Transport Arrangements

Meals

(Circle as appropriate)

Free School Meals School Meal Packed Lunch

Application must be made to LA before July Paid daily/weekly/half termly in advance.

Have you received Free School Meals at any time in the past 6 years: Yes / No

Please inform the school office of any changes to meal arrangements immediately

Transport (Travel to and from school)

(Circle as appropriate)

School Bus / Public Transport / Parent or Carer Car / Local Authority Taxi */ Train / Walking

Signature _____ (Parent/Carer)

*It is your responsibility to communicate key term dates with your child's Trasport company

Parental Consent

PARENTAL AGREEMENT for HOME SCHOOL AGREEMENT

Working together to help students achieve their best

Serenity School

I/We the PARENT(S)/CARER(S) of _____ (Student's full name) will

- Ensure that he/she attends school regularly, on time, properly equipped and in uniform.
- Let the school know about any concerns or problems that might affect his/her work or behaviour.
- Support the school's policies and guidelines for behaviour, including uniform, jewellery, and personal items (particularly mobile phones).
- Support him/her in homework when set and other opportunities for home learning.
- Attend meetings about his/her progress.
- Get to know about his/her life at school.
- Make school aware of achievements outside school which may be included in his/her Progress File.

Signature of Parent(s)/Carer(s) _____ Date _____

The SCHOOL will:

- Contact parents if there is a problem with attendance, punctuality, uniform, or equipment.
- Let parents know about any concerns or problems that affect their child's work or behaviour.
- Send a full progress report each year and invite parents for the child's Annual Review.
- Arrange parent's days for parents to discuss their child's progress.
- Keep parents informed about school activities through regular letters home and notices about special events.

In addition, the Secondary or Upper Student to complete only.

I _____ (Student's full name) will keep the School's Golden Rules with regards to positive behaviour that I am expected to achieve:

- We take care of ourselves.
- We take care of each other.
- We take care of our learning.
- We take care of our school, our community and our world.
- We take care of our future.

Signature of Student (if in upper school)/Parent to sign if in primary.

_____ Date_____

Serenity School

PARENTAL CONSENT for CONTROL AND POSITIVE HANDLING POLICY

It is our intention to make parents/carers aware of the school's Positive Handling Policy at the admission interview.

Updated in line with Restrictive interventions, including use of reasonable force, in schools- April 2026:
Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf

All staff are trained in pro-active strategies to attempt to avoid the necessity of a restraint.

The vast majority of all incidents are resolved through de-escalation. However, to be suitably equipped to carry out a restraint, all staff have received effective training sessions, by PRICE, which is a recognised British Institute of Learning Disabilities (BILD) provider using current procedures.

Positive handling training is part of the school's inset programme so that both policy and practice are regularly practiced and reviewed. This includes reiteration of always calling for extra support from staff, and the recording of any such incidents by at least two members of staff and monitoring by the Head Teacher. Parents/Carers will be telephoned after any incident involving the necessity of positive handling. Recording incidents should be within 24 hours.

Reasonable force may be used in the following circumstances when a pupil is:

- Committing a criminal offence
- Causing injury to themselves or others
- Causing damage to property (including the pupil's own property)
- Exhibiting severely challenging behaviour which does not allow the school to maintain normal good order and discipline.

The Parent/Carer has discussed and understands the use of positive handling in the school.

Student's Name (in full) _____

Parental responsibility details

Relationship _____

Print Forename and Surname _____

Signature of Parent/Carer _____ Date_____

Serenity School

PARENTAL CONSENT - MEDICAL EMERGENCY

IN A MEDICAL EMERGENCY, I GIVE PERMISSION FOR MY CHILD TO BE TAKEN TO HOSPITAL FOR TREATMENT AND TO BE GIVEN AN ANTI-TETANUS INJECTION, IF NECESSARY.

Name of Parent/Carer _____Signature_____

Date _____

Serenity School

PARENTAL CONSENT for THERAPY

As part of our school, we have several therapies including speech and language therapy and occupational therapy to help the students should they require it.

Speech and Language Therapy (SaLT)

Speech and Language Therapy supports students with a range of speech, language and communication needs, such language delay or social communication difficulties. Students will be assessed when they start the school to determine if any intervention is required. If the student requires intervention, they will receive a personalised programme and will be supported either by 1:1, groups, or class-based support.

Occupational Therapy (OT)

Occupational therapy helps people to participate in activities of daily living to the best of their ability whilst promoting a better quality of life. Occupational therapists take a person-centered approach to ensure that each intervention is personalized to suit the needs of the individual, whether this be by adapting activities or learning through grading activities. They work with individuals to help them achieve activities that they want to do (hobbies and interests) and things that they must do (schoolwork, personal hygiene) through 1:1 and group interventions.

Talking/Play/Art Counsellor/therapist

Counselling is an opportunity for pupils to work in a safe and secure space to explore their feelings. Using Using talking/play or art therapy can support them to connect and understand emotions and situations which may be difficult for them. Each student is treated as an individual and each session with the student is tailored to their specific needs. Sessions are 1:1 and groups.

Student's Name (in full) _____

Consent (Please delete as appropriate)

1. I do/do not consent for my child to be seen by the Serenity School Therapy team.

2. I do/do not consent for the therapy team to discuss my child with other professionals, if needed (e.g., CAHMS, NHS therapies, etc.)
3. I would like any reports to be sent to me via:

Email: Please provide ……

4. I understand that the therapy team will be storing and processing my/my child's personal information. (All information is GDPR compliant).
5. I understand that the therapy team works across multiple school settings and is following infection control protocol to minimise the risk of transmission of Covid-19. I recognise that it is not possible to entirely eliminate the risk of the spread of Covid-19 whilst working directly in a child's environment.

Signed: _____

Parent/Guardian Name: _____Date: _____

Serenity School

PARENTAL CONSENT for ANIMAL THERAPY

The school holds animal care therapy sessions for small groups of pupils.

We deliver group sessions with animals such as rabbits, guinea pigs, ponies, sheep, and pigs. We aim to offer one-to-one and small group sessions with pupils in all key stages.

If you are happy for your child to attend animal therapy sessions, please complete the slip below and share if your child has any allergies which may impact on their ability to access sessions.

I give/ I do not give permission for

Student's Name (in full) _____ to attend animal care therapy sessions.

My child does*/ does not have any allergies that will affect their ability to access sessions.

Signed: _____ Date: _____

Serenity School

PARENTAL CONSENT for OUTDOOR ACTIVITIES

The school provides access to bikes, tricycles, scooters, space hoppers and go-karts for pupils weekly during break and lunchtimes.

All activities are risk assessed, however we require parental consent prior to pupils using the equipment.

I give/ I do not give permission for

Student's Name (in full) _____to participate in activities at lunch and break such as bike riding and using the play equipment at school.

Parental name /Signature: _____ _____ Date: _____

Serenity School

PARENTAL CONSENT for SWIMMING

Swimming - Your child can only be excluded from school swimming on medical grounds, as this is a part of the PE National Curriculum

_____

Do you give permission for your child to go SWIMMING? Yes / No

You will be given a more detailed form to complete before lessons commence, in respect of medical needs and ability.

Student's Name (in full) _____

Student's Address _____

_____

Post Code _____

Date of Birth _____

I (Name) _____

Of (Address) _____

_____Post Code_____

The parent/carer of the above-named student give/do not give (delete as appropriate) permission for him/her to take part in Swimming.

Signature of Parent/Carer _____ Date _____

Serenity School

PARENTAL CONSENT for SUPERVISED EDUCATIONAL VISITS

Student's Name (in full) _____

Student's Address _____

_____

Post Code _____

Date of Birth _____

(Name) _____

Of (Address) _____

_____Post Code _____

The parent/carer of the above-named student wish him/her to participate in educational visits and journeys and consider him/her to be of sufficient capability and responsibility to undertake such visits or journeys under the reasonable supervision of school staff.

I HEREBY GIVE PERMISSION for him/her to take part in the visits.

Signature of Parent/Carer _____ Date_____

Print name _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

Serenity School

PARENTAL CONSENT for SPORTS FIXTURES

Student's Name (in full) _____

Student's Address _____

_____Post Code _____

Date of Birth _____

(Name) _____

Of (Address) _____

_____

Post Code _____

The parent/carer of the above-named student wish him/her to participate in pre-arranged and communicated Sports Fixtures and journeys and consider him/her to be of sufficient capability and responsibility to undertake such visits or journeys under the reasonable supervision of school staff.

I HEREBY GIVE PERMISSION for him/her to take part in the Sports Fixtures.

Signature of Parent/Carer _____ Date_____

Print name _____

Serenity School

PARENTAL CONSENT for PHOTOGRAPHY

The parent/carer of the above-named student acknowledge that copyright of such photography and film belongs to the photographer and Serenity School and may be used in any Serenity School Internal or External publications/promotion including electronic media such as Website/Newsletters.

I HEREBY GIVE PERMISSION

Student's Name (in full) _____

Student's Address _____

_____

Post Code _____

Date of Birth _____

I (Name) _____

Of (Address) _____

_____Post Code_____

Signature of Parent/Carer _____ Date _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

Serenity School

PARENTAL CONSENT for SEXUAL, RELATIONSHIP & RELIGIOUS EDUCATION

As part of the timetable at Serenity School, we hold weekly assemblies, sometimes with a religious content. Sexual and Relationship Education is also included in the timetable.

The parent/carer of the above-named student should consider permission for him/her to take part in such assemblies.

I hereby give permission.

Student's Name (in full) _____

Student's Address _____

_____Post Code _____

Date of Birth _____

I (Name) _____

Of (Address) _____

_____

Post Code _____

Signature of Parent/Carer _____ Date _____

This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

Serenity School

PARENTAL CONSENT for INTERNAL SOFTPLAY AREA

(for Primary and Nurture Primary students only – Under 12 years old)

Child's Name: _____

Class/Year Group: _____

Activity Summary

- **Age range: 5–12 years**
- **Max group size: 10 pupils (1 class)**
- **Supervised by trained staff**
- **Individual risk assessments completed**
- **SEND needs considered**
- **First aid available on site**

Consent Item	Please Tick
I give permission for my child to use the soft play area under staff supervision.	
I confirm that the school has up-to-date medical/SEND information for my child.	
I consent to an individual risk assessment being completed for my child.	
I understand minor bumps or falls may occur during play.	
I give permission for staff to administer first aid and contact me if needed.	

Parent/Carer Name (Print): _____

Signature: _____

Date: _____

USER DEFINED FIELDS

It is important you Circle items on checklist below,
so, these items can appear as flagged icons on your child's home page of school records.

You will have the opportunity to give more detailed information on this form, later on

Allergies	**Medical Needs**	**Special Dietary Needs**	**Wears Glasses**
Artificial Colours	Asthma	Halal	In Class
Nuts	Eczema	No Pork	Outside
Dairy	Epilepsy	Vegan	All the time
Seafood	Hay fever	Vegetarian	
Glu**ten**		No Beef	
Shellfish			
Chocolate			
Baked Beans			
Other _____	Other _____	Other _____	

ENROLMENT

School History

Previous School

_____

School Contact Name _____

Telephone No._____

Childs Current Attendance % _____

Date of starting _____/_____/_____

Date of Leaving _____/_____/_____

Borough/LA _____

Reason for leaving

_____

Previous Exclusions - Has the child ever been permanently excluded?

Please give details _____

_____

_____

HEALTH BACKGROUND

IMPORTANT MEDICAL INFORMATION AND PERMISSIONS

These details will be helpful in the event of an accident and your child needs to be taken to hospital.

Student's Name (in full) _____

Age _____

Date of Birth _____/_____/_____

Home Address _____

_____

Post Code _____

GP Surgery

Family / Surgery Name _____

Family Doctor/GP_____

Tel No _____

Address _____Post Code_____

NHS No _____

Date of last TETANUS injection _____

Medical Conditions/Health Concerns/Allergies

Does your child have any ONGOING MEDICAL CONDITIONS the school should know about?

Please give details.

_____

_____

Does your child take medication on a regular basis?	Yes/No
Does your child need to take Medication during the school day?	Yes/No
Do you give permission to the school administering this medication?	Yes / No

Epilepsy

Does your child suffer from EPILEPSY?	Yes / No
Do they need medication for the EPILEPSY at school?	Yes / No
Do you give permission for the school to administer EPILEPSY medication?	Yes / No

Asthma

Does your child suffer from ASTHMA?	Yes / No
My child must always carry an inhaler ready for emergency use	Yes / No
My child must use an inhaler every day at lunch time	Yes / No
My child must use an inhaler every day at _____ am/pm	(Please state time)

Please note: it is your responsibility to ensure that your child carries a named inhaler at all times and is aware of their own responsibility in this regard. For emergency use please provide a spare named inhaler which will be kept in a locked cabinet in the school Office.

If YES, to any of the above, please complete THE Parental Agreement for school to administer medication form within this document and ensure properly labelled medications in original packaging are provided on first day.

Medical Conditions*, Dietary Needs or Disabilities

***Includes Allergies**

Please circle if your child suffers from any of the items listed and give detailed notes below.

Allergies	Medical Needs	Special Dietary Needs	Wears Glasses
Artificial Colours	Asthma	Halal	In Class
Nuts	Eczema	No Pork	Outside
Dairy	Epilepsy	Vegan	All the time
Seafood	Hay fever	Vegetarian	
Gluten		No Beef	
Shellfish			
Chocolate			
Baked Beans			

Detailed notes

IF YOU DO NOT SPECIFY YOUR CHILD HAS ALLERGIES, WE WILL ASSUME YOUR CHILD HAS NO ALLERGIES.

IN THE EVENT OF AN EMERGENCY

IN A MEDICAL EMERGENCY, WE WILL NEED YOUR PERMISSION TO TAKE YOUR CHILD TO HOSPITAL FOR TREATMENT AND TO BE GIVEN AN ANTI-TETANUS INJECTION, IF NECESSARY.

YOU SHOULD HAVE NOTED YOUR CONSENT FOR THIS, UNDER THE PARENTAL CONSENT SECTION PREVIOUSELY.

Misc Health

Misc Health information

Please write any further Health information you feel might be of use to the school.

_____

_____

Parental Agreement for School to Administer Medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of Child	
Date of birth	
Class	
Medical Condition or Illness	
Any Allergies	

Medicine (use new sheet for each item)

Name/Type of medicine. (as described on container) MEDICINES MUST BE IN CONTAINER DISPENSED BY PHARMACY	
Expiry Date	
Dosage and amount Required	
Timing (Frequency of Drug)	
Route of Administration	
Start and Completion Date	
Special Instructions/ Precautions/Side effects that the school setting needs to know about?	
Self Administration Y/N	
Procedures to take in an Emergency	

Contact Details

Name	
Daytime Telephone number	
Relationship to Child	
Address	
I understand that I must deliver the medicine personally	
The above information is, to the best of my knowledge, accurate at the time of writing and I will give consent to the school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if it is to be stopped	
Signature/ Date	
Page _____ of _____ (for Students with Multiple Medications	

Expectations for students arriving in school

The following are non-negotiable when students arrive in the morning to ensure the safety of Staff and Students:

- Students must be in full school uniform, and non-uniform items must be removed
- Only essential school equipment should be brought onto the school site.
- Mobile Phones, other electronics (inc Vapes), Keys and money should be handed in.
- Pupils are screened on arrival with a metal detector and bags searched.
- Students should not wear jewellery to school although students with pierced ears are permitted to wear up to one pair of studs only. All other piercings should be removed.
- No caps/hats are not to be worn in school.

The school cannot accept responsibility for personal items which are not insured whilst on school property.

Uniform should be labelled.

Students will not be permitted entry into the building and marked as absent, if they do not comply with the above and appropriate action will be taken.

Name of Parent/Carer _____

Signature of Parent/Carer _____ Date _____

Secondary or Upper Student to complete in addition.

I _____ (Student's full name) understand the expectations outlined above and agree to comply.

Student signature

_____Date_____

Thank you for completing this form

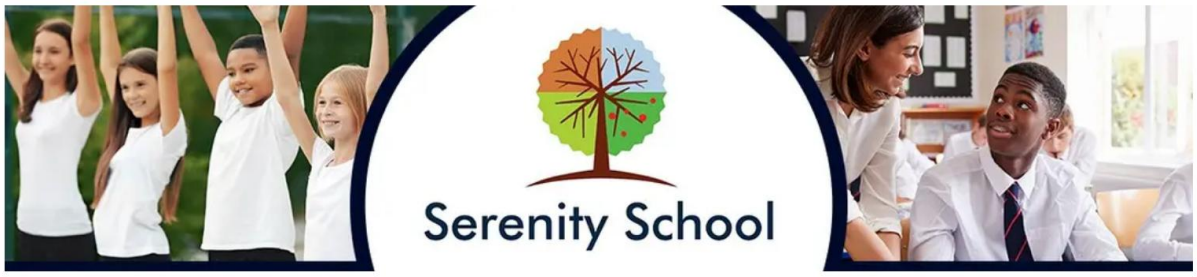
Please return ASAP

By hand

Or via email to

Primary SENDCo jmuda@serenityschool.org.uk

Upper SENDCo aolaniran@serenityschool.org.uk



FOR YOUR RECORDS - Please detach

Serenity School

Serenity School Crawley, Atlantic House, Hazlewick Avenue, Three Bridges, Crawley, RH10 1QQ

SCHOOL UNIFORM

Dear Parents & Carers

Serenity School has an official school uniform which we ask parents/carers to commit to. Students must not attend school unless they are wearing the appropriate uniform, otherwise they will be required to change into uniform provided by the school or be asked to return home to change, which could result in detention to make up for lost time in school.

New students uniform - As an inclusive school, we provide our new students with the following basic uniform free of charge: 2 polo tops, 1 jumper and 1 PE top.

Parents provide the following uniform

Black trousers Black shoes or black trainers only

Free uniform Current students can receive free uniform on term 1, 3 and 5 providing your child has outgrown their current uniform.

Additional uniform

Additional school uniform is available to purchase at any time.

Uniform Pricing

Polo Tops (Blue with school emblem) - £12.00
Jumpers (Black with school emblem) - £17.50
PE Tops (Green with school emblem) - £7.50
Fleece – Our zipped fleeces are subsidized at £5.00
(x1 permitted for purchase only until your child outgrows it)

Uniform Sizes

5-6/ 6-7/7-8/ 9-10/ 11-12/ X-small /Small/Medium/Large/X-Large/ XX Large

Uniform for Sixth Form If your child is in Sixth form, we permit them to dress in their own clothes providing they wear smart casual attire. No jeans, leggings, hoodies and no logos.

Sports Kit (non-compulsory)

MFC Sportswear provide Serenity School with a choice of professional sports Kit with the school emblem. Parents and carers will be sent a link to the portal a few times a year, so they can purchase and pay for kit via the website. The portal opens for a few days at the start of every month.

Notes

- Cash payments can only be accepted by our school office
- All uniform must be labelled with your child's name/ The lost property box is located in the school office

See next page for order form

FOR YOUR RECORDS - Please detach

ORDER FORM

Student Name:_____ Class: _____ Date _____

New student uniform							
	Parent/Carer to complete		School use only				
ITEM	Number	Size	Uniform given	Uniform to order			Order closed
Polo shirt	2						
Jumper	1						
PE top	1						

Free Student student uniform - Term 1, Term 3 and Term 5 - only if uniform outgrown							
	Parent/Carer to complete		School use only				
ITEM	Number	Size	Uniform given	Uniform to order			Order closed
Polo shirt							
Jumper							
PE top							

Additional uniform for Purchase

School are not able to order Additional uniform until full payment has been received

	Parent/Carer to complete		School use only					
ITEM/Price	Number	SIZE	Sub Total	Uniform given	Uniform to order	CASH RECEIVED	Change & Receipt given	Order closed
Polo shirt £12.00								
Jumper £17.50								
PE Top £7.50								
Fleece £5 x1 permitted only until outgrown								
TOTAL CASH AMOUNT			_____					

Once completed this form should be returned to The School Office or Reception

Policies and Procedures

Can be found on the website under useful Information.

- Academic Assessment Policy
- Accessibility Policy
- Anti Bullying Harassment Policy
- Attendance Policy
- Behaviour for Learning Policy
- CEIAG Policy
- Child Protection & Safeguarding Policy
- Complaints Procedure Policy
- Curriculum Policy
- DBS Policy
- Educatonal Trips Policy
- Equal Opportunities Policy
- Equality & Anti Discrimination Policy
- Equality Information and Objectives Policy
- Feedback & Marking Policy
- First Aid Policy Crawley
- Intimate Care and Toileting Policy
- Recruitment Selection Policy
- GDPR Data Protection Policy
- Grievance Procedure
- Handling of DBS Certificate Information
- Health Safety Policy
- Parent Code of Conduct
- Positive Handling Policy
- Relationship & Sex Education Policy
- Remote Learning Policy
- Retention of Data Policy
- Risk Assessment Policy
- Searching-Screening & Confiscation Policy
- SMSC Policy Crawley
- Social Media Policy
- Special Educational Needs Policy
- Supporting Pupils with Medical Needs
- Teaching & Learning Policy
- Whistleblowing Policy
- Acceptable Use Agreement Pupils
- SED Group Privacy Notice