

Ormiston Academies Trust

## Thomas Wolsey Ormiston Academy Admissions policy

### Policy version control

Policy type	Mandatory OAT policy
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Approved by	Trust Board, December 2019
Release date	June 2022
Next release date	2029 or if legislation or Suffolk LA processes change
Description of changes	Original

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# 1. Policy statement and principles

## 1.1. Policy aims and principles

- 1.1.1. This policy is designed to ensure there is an open and fair admissions procedure for all applicants and to help guide parents and their children through the application process. The academy's admissions arrangements will not disadvantage unfairly, either directly or indirectly, a child from a particular social or racial group.
- 1.1.2. This policy details the academies arrangements for admissions and will apply to all admissions from June 2022 – September 2029, unless there are legislation or process changes in the interim. This includes in-year admissions within this period.
- 1.1.3. Families are encouraged to visit the academy with their child if they are planning to apply for a place. Arrangements for visits can be made through the academy office, [office@thomaswolseyoa.co.uk](mailto:office@thomaswolseyoa.co.uk) or 01473467600.
- 1.1.4. The Academy Trust will consult on the admissions arrangements at least once every seven years or if there are proposed changes to the admission arrangements which require consultation.
- 1.1.5. This policy is consistent with all other policies adopted by OAT / the academy and is written in line with current legislation and guidance.

## 1.2. Monitoring and review

- 1.2.1. This policy will be reviewed annually or in the following circumstances:
- Changes in legislation and / or government guidance
  - As a result of any other significant change or event
  - As the result of a decision of an Adjudicator
  - In the event that the policy is determined not to be effective
- 1.2.2. If there are urgent concerns these should be raised to the Principal in the first instance for them to determine whether a review of the policy is required in advance of the review date.

# 2. Academy admissions

## 2.1. EHCPs

- 2.1.1. We welcome pupils to our Assessment Nursery from the age of 3 years. In the Nursery, pupils will be assessed for an Education, Health and Care Plan (EHCP).
- 2.1.2. Pupils in Years Reception and above will already have an EHCP in place. Some pupils join us after they have reached statutory school age, usually from other schools or if the family has moved from another area; these pupils must already have an EHCP in place.

2.1.3. All admissions are arranged by the Inclusion Family Services Team at the Local Authority in discussion and agreement with families, Thomas Wolsey and the pupil's current setting. Please contact the Family Service Team (details below), to find out about school admission and appeal arrangements:

- **Ipswich South and West Family Services** based at Endeavour House, Ipswich (email: [SENDSS@suffolk.gov.uk](mailto:SENDSS@suffolk.gov.uk))
- **Ipswich North** admissions team for Lowestoft and Waveney (email: [SENDLW@suffolk.gov.uk](mailto:SENDLW@suffolk.gov.uk))
- **West Suffolk** (email: [SENDWS@suffolk.gov.uk](mailto:SENDWS@suffolk.gov.uk))

## 2.2. Eligibility criteria

2.2.1. Entry to the academy is subject to the regulations regarding nationality, residency status and eligibility to study in the United Kingdom. Students / pupils are eligible to be admitted to the academy if:

- They are British citizens
- They are a non-British citizen that has –
  - 'Exceptional' or 'Indefinite Leave to Remain' in this country
  - Refugee status

## 2.3. Determining arrangements and consultation

2.3.1. Admissions arrangements are determined by Suffolk County Council

## 2.4. Complaints about admissions arrangements

2.4.1. Any person, or body, can make an objection through SEND tribunal procedures when they consider the academy's arrangements are unlawful, or not in compliance with the School Admissions Code / relevant legislation relating to admissions.

## 3. Admissions process

### 3.1. General

- 3.1.1. Thomas Wolsey Ormiston Academy has a PAN of 89 students.
- 3.1.2. Requests for admission to special schools, specialist support centres, specialist units, pupil referral units ([PRU](#)) and alternative provision (AP) will all be managed under one Specialist Admissions Process.
- 3.1.3. The In Year Fair Access Panel (IYFAP) will no longer be the forum for agreeing PRU and AP places.
- 3.1.4. The IYFAP will continue to be in place to manage in year admissions to mainstream school, re-integrations to mainstream school and managed moves

### 3.2. How to make a referral

- 3.2.1. The Inclusion Service Referral Form will be used to make a request for consideration of placement in a specialist setting (LA maintained, Academy or Free School), alternative provision or [PRU](#). This is a redesigned universal form which can also be used to refer for IYFAP, the Multi-Agency [Assessment](#) Programme and for outreach services.
- 3.2.2. The referral form is attached as Appendix 1 and the link is here:-  
[https://search3.openobjects.com/mediamanager/suffolk/enterprise/files/2021\\_07\\_20\\_inclusion\\_referral\\_form.docx](https://search3.openobjects.com/mediamanager/suffolk/enterprise/files/2021_07_20_inclusion_referral_form.docx)
- 3.2.3. The form should be completed, and all required supporting evidence attached. The form should then be emailed to: [InclusionService.Referrals@suffolk.gov.uk](mailto:InclusionService.Referrals@suffolk.gov.uk)
- 3.2.4. Requests for specialist placement should be discussed with the [SEND](#) Family Services teams. If you are considering a request for a specialist setting for a child with an Education, Health and [Care Plan](#), please ensure this is accompanied by an up to date Annual Review report which has been discussed with the SEND Family Services Team.

### 3.3. Decision Making

- 3.3.1. There will be a 3 meeting round each academic year, Autumn and Spring meetings will consider requests, Summer will be a round up and transition planning meeting
- Autumn term: request deadline 31<sup>st</sup> October. Meetings in November
  - Spring Term: request deadline by 14<sup>th</sup> February. Meetings in March
  - Summer term: round up and transition planning at the end of May
  - Meetings will be held by area in Lowestoft, Bury St Edmunds and Ipswich so that all local provision can be considered at the same time.
- 3.3.2. **Suitability panels** in each area will first look at all the requests to the specialist settings and [PRU](#) /AP area provision, and decide on suitability and what type of provision can meet need:

- Chair: Family Services Manager
- Attendees will be representatives from:
  - Family Services Team
  - Health
  - County Inclusion Support Service
  - Virtual School
  - Early Help
  - Educational Psychologist
  - Multi-Agency [Assessment](#) Programme

3.3.3. **Placement panels** in each area will then consider the most appropriate placement and whether a place can be offered

Chair: Family Service Manager

Attendees will be representatives of:

- Family Services teams
- Heads of special schools, specialist units, PRUs and alternative provision
- A representative of each area mainstream secondary and primary schools
- Provider Development team
- Passenger Transport
- Placement Officer

### 3.4. Placement decisions

3.4.1. The offer of place will be sent out to current school, parent and identified provision by letter from the central Business Support Team following each placement meeting to ensure clarity and avoid any mixed information.

3.4.2. The placement offer is expected to be for following academic year in the majority of cases.

3.4.3. Placement offers following In Year Consultations will be agreed by the weekly Specialist Education Panel (SEP) and offer letters sent out centrally following the weekly SEP meeting.

### 3.5. In-year admissions

3.5.1. Applications for in-year admissions are considered in the same way as those made at the beginning of the academic year and are dealt with in accordance with the local authority's Fair Access Protocol.

3.5.2. There will continue to be a requirement to manage any In Year Admissions for students with Education, Health and Care (EHC) plans to comply with the [SEND](#) Code of Practice, and be able to be dynamic in managing admissions to [PRU/AP](#) provision:

3.5.3. The SEND Family Services teams will continue to consult where a specific school has been named by the parent as parental preference in Section I of an [EHC Plan](#)

- 3.5.4. Consultation will require a response on suitability and compatibility with the efficient education of others
- 3.5.5. The decision whether to name a school in a plan sits with the local authority having considered the response of the school, and will be agreed at the weekly Specialist Education Panel (SEP)

### 3.6. Unsuccessful applications

- 3.6.1. The Local authority will inform the child's parent if a decision has been made to refuse their child a place at the academy for which they have applied, this will include the reason why admission was refused, information about the right to appeal, deadlines and contact details.

# Appendix 1

## INCLUSION SERVICE REFERRAL FORM

In line with GDPR regulations, please send this form via an encrypted email (e.g., OME) stating **OFFICIAL-SENSITIVE** in the subject field. **All parental and other electronic signatures will be taken as full permission to progress this referral.**

### Section 1: Pupil details and reason for referral

Surname (capitals)				Forename(s)			
Date of birth		Current NCY		UPN			
Gender							
Current education setting							

Address (where currently living)							
Postcode				Home tel no.			
Nationality							
Home language 1				Ethnicity		Ethnicity.	
Home language 2							

Reason for referral (tick one box only)	
<b>1. Specialist Education Service request. Send to <a href="mailto:SESReferrals@suffolk.gov.uk">SESReferrals@suffolk.gov.uk</a></b> <b>Appendices must be completed where marked with *</b>	
C and I (including SLCN team)	<input type="checkbox"/>
C and L (including SpLD)	<input type="checkbox"/>
SEMH	<input type="checkbox"/>
*Alternative Tuition Service (ATS)	<input type="checkbox"/>
Graduated Response Stage 3 Consultation	<input type="checkbox"/>
Physical and Sensory (Visually Impaired / Hearing Impaired / Dual-Sensory Impaired Including Intervenor Service) <i>Please note this is for children and young people with a clinically diagnosed sensory loss and not for sensory processing/integration difficulties.</i>	<input type="checkbox"/>
*Specialist Learning Support Service (not available in Lowestoft and Waveney)	<input type="checkbox"/>
Whole School Inclusion Support ( <i>please complete Section 11 at the end of this form and no other sections</i> )	



<b>2. IYFAP send to <a href="mailto:InclusionService.Referrals@suffolk.gov.uk">InclusionService.Referrals@suffolk.gov.uk</a></b>			
School Admissions			<input type="checkbox"/>
Managed move			<input type="checkbox"/>
Reintegration			<input type="checkbox"/>
<b>3. Pupil referral unit / alternative provision request send to <a href="mailto:InclusionService.Referrals@suffolk.gov.uk">InclusionService.Referrals@suffolk.gov.uk</a></b>			<input type="checkbox"/>
Reception/Key Stage 1	<input type="checkbox"/>	Key Stage 2	<input type="checkbox"/>
Key Stage 3	<input type="checkbox"/>	Key Stage 4	<input type="checkbox"/>
<b>4. Permanent exclusion send to <a href="mailto:InclusionService.Referrals@suffolk.gov.uk">InclusionService.Referrals@suffolk.gov.uk</a></b>			<input type="checkbox"/>
Reason for permanent exclusion:			
<b>5. Specialist education setting request for assessment nurseries and Reception/KS1 specialist units ONLY. To be considered by Specialist Education Panel send to <a href="mailto:InclusionService.Referrals@suffolk.gov.uk">InclusionService.Referrals@suffolk.gov.uk</a></b>			
Type			
Assessment nursery	<input type="checkbox"/>	Specialist unit - Reception / KS1	<input type="checkbox"/>
Primary need ( <b>select one only</b> )			
Cognition and learning	<input type="checkbox"/>	Communication and interaction	<input type="checkbox"/>
Social, emotional & mental health	<input type="checkbox"/>	Sensory / Physical	<input type="checkbox"/>

**Child in Care (If applicable)**

Child in Care	<input type="checkbox"/>
If a Child in Care, name of Authority	
Child in Care status	
Social worker	

**Social Care**

Child in Need	<input type="checkbox"/>	Child Protection 0-18	<input type="checkbox"/>
Child in Care 0-16	<input type="checkbox"/>	Court of Protection 18+	<input type="checkbox"/>

Leaving Care 16+	<input type="checkbox"/>	Adult and Community Services 18+	<input type="checkbox"/>
Early Help 0-18	<input type="checkbox"/>	Disabled Children and Young People 18+	<input type="checkbox"/>

### SEND stage

SEND Support	<input type="checkbox"/>
Education Health Care (EHC) Needs Assessment requested	<input type="checkbox"/>
Education Health Care (EHC) Needs Assessment started	<input type="checkbox"/>
Education, Health and Care (EHC) Plan	<input type="checkbox"/>

### Additional information

Free School Meals	<input type="checkbox"/>	Pupil Premium	<input type="checkbox"/>
High Needs Funding	<input type="checkbox"/>	High Needs Funding Band	
Current attendance			

### Section 2: profile of need

Areas of need (select <b>only one</b> primary need)	Primary	Additional
Communication and interaction (including SLCN)	<input type="checkbox"/>	<input type="checkbox"/>
Cognition and learning (including SpLD)	<input type="checkbox"/>	<input type="checkbox"/>
Social, emotional and mental health	<input type="checkbox"/>	<input type="checkbox"/>
Sensory / Physical ( <i>with clinically diagnosed sensory loss and not sensory processing or integration difficulties</i> )	<input type="checkbox"/>	<input type="checkbox"/>

### Assessment Data

<b>Key Stages 3 and 4</b>				
<b>End of Key Stage 2 outcomes</b>	<b>Reading:</b>  <b>Writing:</b>  <b>Maths:</b>			
<b>Current progress in English and Maths (KS3/4) (please comment on progress over time)</b>				
<b>Current attainment in English and Maths (KS3/4) (please include standardised assessments)</b>				
<b>Target / predicted grades for the end of KS4 OR grades already achieved at KS4</b>	<b>English</b>	<b>Maths</b>	<b>Science</b>	<b>Other subjects</b>

<b>Key Stages 1 and 2</b>				
<b>Current progress in Reading, Writing and Maths (KS1 or KS2 ) (please comment on progress over time)</b>	<b>Reading:</b>	<b>Writing:</b>	<b>Maths:</b>	
<b>Current attainment / performance in Reading, Writing and Maths (KS1 (where appropriate, or Key stage 2)</b>	<b>Reading: (including standardised score/reading age/ date of assessment/test used):</b>	<b>Writing: (including spelling standardised score/date of assessment /test used):</b>	<b>Maths: (including standardised score/maths age/date of assessment/test used):</b>	<b>G.P.S. test scaled score (Key Stage 2):</b>

<b>Target / predicted end of Key Stage 2 assessments</b>	<b>Reading</b>	<b>Writing</b>	<b>Maths</b>	
	<b>Reading</b>	<b>Writing</b>	<b>Mathematics</b>	<b>Science</b>
<b>Year 2 teacher assessment</b>				
<b>Year 2 phonics re-check if the threshold was not met in year 1</b>	Met the threshold Yes / No	Score out of 40		
<b>Year 1 phonics screening check</b>	Met the threshold Yes / No	Score out of 40		
<b>Reported outcome at the end of EYFS</b>	GLD Yes / No	Comments/additional information:		

<b>For assessment nursery applications, please provide assessment information here</b>	
Any further assessments relating to the learner's profile of need (e.g., PhAB 2, CTOPP 2, BPVS 3, WRAT 5)	

**Section 3: Assess, Plan, Do, Review and the Graduated Response**

**Detail the current education setting's APDR graduated response**

Dates(s)	SEND Area of Need	Plan: What strategy, intervention or approach has been implemented?	Review: Detail the impact achieved and the progress made

**Section 4: Education history**

Known Previous Schools / Settings / EHE (Elective Home Education)	Dates attended

### **Section 5: Exclusion data**

Please detail below the Fixed Term and Permanent Exclusion history details:

<b>FIXED TERM EXCLUSIONS Please insert rows below as required</b>			
Date of FTE	Length of FTE	Reason	Adjustments made to provision to support reintegration

<b>FOR PERMANENT EXCLUSIONS</b>	
<b>Is this child being permanently excluded? If so please provide details of the following (as required by the statutory guidance):</b>	
Has reference been made to the Statutory Guidance? <i>Exclusion from maintained schools, academies and pupil referral units in England (Sept 2017)</i>	
Was the child provided with the opportunity to present their case before the decision was taken to exclude? If so, please provide details.	
Were there any contributing factors taken into account (such as bereavement, bullying, mental health, trauma etc)	
Has there been a multi-agency response to the child prior to this permanent exclusion? If not, please explain why?	
Has a full range of assessment been carried out to establish that there are no underlying unmet needs that could have given rise to this exclusion?	
What consideration been made as to the consequences for the child's safety should they be permanently excluded?	
Is there evidence of child and parent voice relating to the incident(s) which gives rise to this permanent exclusion?	

If this as a result of cumulative exclusions, what has happened differently for this child and the application of your behaviour policy to mitigate the risk of further exclusions?	
Is there an EHCP in place? If so, when was the last annual review? If not recently, please advise the date for which this has been arranged.	

**Section 6: Other professionals / services / agencies involved**

**State if any other agencies are currently involved or have been in the last 6 months with this pupil and/or family and provide details of each agency's key worker and or telephone number**

Agency	Key worker name	Contact details	Date of last contact
Psychology and Therapeutic Services (P&TS)			
Specialist Education Services (SES)			
Social Care (Please specify team)			
Early Help (Please specify team)			
Suffolk Youth Justice Service			
Health (Please specify)			
Mental Health Services (Please specify)			
Other(s) please list below:			



Section 7: Stakeholders' views

Stakeholders' Views
Child's View (What is working well? What are you worried about?)
Parent/carer's Views (What is working well? What are you worried about?)
School's View (What is working well? What are you worried about?)

Section 8: Referrer details

Referrer details			
Forename(s)		Surname	
Role		Telephone	
School or service			
Address			
Email			
Signature		Date	

Section 9: Parent / carer details and permissions

Parent / Carer details

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil

Surname		Forename(s)	
Title		Relationship to child	
Address (if different from pupil's)		Parental responsibility?	Choose an item.
		Telephone	
		Mobile	
Postcode		Email	
Home language		Interpreter needed?	YES / NO

Surname		Forename(s)	
Title		Relationship to child	
Address (if different from pupil's)		Parental responsibility?	Choose an item.
		Telephone	
		Mobile	
Postcode		Email	
Home language		Interpreter needed?	YES / NO

I / We the parent(s) / carer(s) understand that:

- The referrer may attend a meeting on our behalf regarding the information shared in this form.
- Personal information about me / my / our child may be shared with other professionals who are, or have been, involved with me / my / our child and seek relevant information from them to decide what additional support or provision may be needed. **Please indicate here any exceptions:**

**I am / we are in agreement with the information included in this form**

Please see link to the SCC CYP Privacy Notice:

<http://www.suffolk.gov.uk/CYPprivacynotice>

**Parent(s) / carer(s) signature** - Not required for a permanent exclusion notification

I confirm that I have read all the information on this form, including the SCC CYP Privacy notice <a href="http://www.suffolk.gov.uk/CYPprivacynotice">http://www.suffolk.gov.uk/CYPprivacynotice</a>			
Signature		Date	
Signature		Date	

All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. The exception to this is where the form is completed following a permanent exclusion. Forms will be returned and not processed until a signature is obtained.

**INCOMPLETE REFERRALS WILL BE RETURNED TO THE REFERRER.**

**Section 10: Relevant appendices**

**Please tick the appendices included with this referral where relevant**

Appendix 1	Specialist Learning Support Service	<input type="checkbox"/>
Appendix 2	Alternative Tuition Service	<input type="checkbox"/>

**Section 11: For Whole School Inclusion Support ONLY**

WHOLE SCHOOL INCLUSION SUPPORT	
Name of person completing this form	
Job title/role & Setting	
Email address	

<b>Contact number/s</b>			
<b>Signature</b>		<b>Date</b>	

**Please provide below an overview of the area for which you require support. Please give any relevant details or data, or previous involvement with services.**

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