

ACE Tiverton: Home School Agreement

HOME – COLLEGE – COMMUNITY



Being part of ACE Tiverton Special School means taking part in an active learning community where respect, achievement, responsibility and teamwork are central to the success of all pupils.

Our Home-College-Community Agreement sets out the expectations that the school has of you as a pupil and what you can expect from us. The core purpose of the school is to ensure that you can learn to the very best of your ability.

As a pupil at ACE Tiverton, you are expected to:

- 1) Respect all aspects of the school community: peers, staff, resources and opportunities.
- 2) Take responsibility for your learning, progress and success.
- 3) Arrive on time every day with the appropriate uniform, equipment and attitude.
- 4) Be safe, follow instructions and talk about any concerns.
- 5) Represent the school to the best of your ability on site and in the wider Community.

Agreeing to the School's expectations means:

PUPILS – take responsibility for their actions, progress, learning, success and relationships with others by treating everyone with respect.

PARENTS & CARERS – work in partnership and communicate with school staff to reinforce the College's expectations and share successes or concerns.

STAFF – provide challenging, engaging and rich learning experiences and support Pupils to achieve their full potential.

By signing the Home-College-Community Agreement, we are making a commitment to be a positive, active and successful member of ACE Tiverton community.

PUPIL: _____

PARENT/CARER: _____

STAFF: _____

DATE: _____

Pupil Name: _____

Parent/Carer Signature: _____

Print Name: _____

Date: _____

Parent/Carer Declaration	
I understand the nature and risks associated with the learning that my child will be taking part in.	YES / NO
I understand that ATSS will have school animals and give my consent to my child to have access and interact with the animals.	YES / NO
I confirm that I agree to them taking part in the whole school curriculum.	YES / NO
I confirm that my child can be taken off the school grounds for trips/swimming/learning outside the classroom/curriculum activities.	YES / NO
I will inform the school of any changes to the medical details.	YES / NO
I consent to my child taking part in personal progress/assessments & working with outside agencies, Educational Psychologists, Speech, Language or Occupational Therapists or Counsellors to help support them with their special needs.	YES / NO
I consent to my child using the internet for educational purposes.	YES / NO
I understand my commitment to help the success of my child's progress within ATSS.	YES / NO
I will attend Parents events, annual reviews and other meetings to support my child throughout their time at ATSS.	YES / NO
Is your child confident in water?	YES / NO
Can your child swim 25 metres?	YES / NO
I consent to ATSS applying sun cream which I will provide unless otherwise stated in my child's Personalised Learning Plan.	YES / NO

Medical Information	
Does your child take any medication? If so, what and how frequently?	YES / NO
Does your child need to take medication during the school day?	YES / NO
Is your child allergic to any medication?	YES / NO
Does your child suffer from any other allergies? (e.g. food, pollen, dust, insect stings) If so, please detail below:	YES / NO
Does your child have a condition requiring medical treatment or medication or have any other illness/special need?	YES / NO
Does your child have any special dietary requirements? If so, please detail below:	YES / NO
Does your child have any food or drink allergies? If yes, please detail below:	YES/NO

Pupil Name: _____

Parent/Carer Signature: _____

Print Name: _____

Date: _____

Medical Information	
Is your child allergic to plasters	YES / NO
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
Dental problems	YES / NO
Surgical or medical treatment	YES / NO
Travel sickness	YES / NO
Date of last tetanus injection	
Please provide details if the answer was "YES" to any of the above:	
Do you agree to any emergency medical treatment deemed necessary by a medical professional whilst your child is in the care of the school?	YES/NO

Signed	
Printed	
Date	
Doctor's Name and Telephone Number	

Family Details			
Names of resident parents/carers			
Does anyone else have parental responsibility?			
Has your child got any siblings? If yes, please detail:			
Do you consider your child to have English as an additional language?	YES/NO	What nationality do you consider your child to be?	
Was your child born in the UK?	YES/NO	Do you consider your child to have a religion? If so, please detail.	
Has your child ever been in receipt of Free School Meals	YES/NO	Has your child ever been looked after by a member of the family or foster carer?	YES/NO
Do you consider yourself to be a military family?	YES/NO	Has your family ever been supported by a social worker or family support worker?	YES/NO

Pupil Name: _____

Parent/Carer Signature: _____

Print Name: _____

Date: _____

Emergency Contact Details

Contact 1

Name:	
Relationship to student:	
Mobile Number:	
Alternative Contact Number:	
Email Address:	
Postal Address:	

Contact 2

Name:	
Relationship to student:	
Mobile Number:	
Alternative Contact Number:	
Email Address:	
Postal Address:	

Contact 3

Name:	
Relationship to student:	
Mobile Number:	
Alternative Contact Number:	
Email Address:	
Postal Address:	

CONSENT FOR PHOTOGRAPHY

To celebrate school events and pupil's achievements, we sometimes invite the press to take photographs of the children for publications (e.g. productions, sports events, fundraisers etc.) We also like to put photographs of pupils on the school's website, although we will not identify pupils that appear on the site.

To ensure that we comply with your wishes, please complete the statements below by circling to indicate your choices. Please note that you have the right to withdraw permission at any time. Please contact the school office to withdraw.

SCHOOL PHOTOGRAPHS	I *give / *do not give permission for my child to be photographed individually by members of staff for internal school use e.g. displays, exercise books I *give / *do not give permission for my child to have team, class or individual photographs taken by the school photographer I *give / *do not give permission for my child's photograph to be stored securely on the school server
SCHOOL VIDEO	I *give / *do not give permission for a member of staff to video my child for internal school use.

Pupil Name: _____

Parent/Carer Signature: _____

Print Name: _____

Date: _____

CONSENT FOR PHOTOGRAPHY

NEWSPAPER PHOTOGRAPHS	I *give / *do not give permission for my child to be photographed for use in newspaper articles.
PRESS / MARKETING MATERIALS	I *give / *do not give permission for my child to be photographed for use in press/marketing materials.
	I *give / *do not give permission for my child to be videoed for use in press/marketing materials.
SCHOOL / ACE MAT WEBSITE	I *give / *do not give permission for my child to be photographed for use on the school website.
	I *give / *do not give permission for my child to be videoed for use on the school website.
CLASS APP	I *give / *do not give permission for my child to be photographed to send to their parent/carer via Tapestry/Seesaw.
	I *give / *do not give permission for my child to be videoed to send to their parent/carer via Tapestry/Seesaw.

USE OF TECHNOLOGY

IPAD	I *give / *do not give permission for my child to use school iPads.
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OTHER CONSENTS

TRIPS AND ACTIVITIES	I *give / *do not give permission for my child to go on trips and activities away from the school building.
PERSONAL CARE	I *give / *do not give permission for members of staff to undertake personal care of my child, should they need it. Example, helping them use the toilet or washing.
INFORMATION SHARING	I *give / *do not give permission for my child's information to be shared with professionals such as EPS etc. in order to support their needs.
PARENT CONTACT	The school uses a third party communications app / software Eduspot (Teachers2Parents) I *give / *do not give permission for school to contact me using this method. My preferred mobile number is: My preferred email address is:

I agree to update the school as soon as possible should any of the information in this document change.

Signature	
Print Name	
Relationship to pupil	
Date	

Please return to ACE Tiverton as soon as possible; if you require this document in another language or format please let the school reception team know.

Pupil Name: _____

Parent/Carer Signature: _____

Print Name: _____

Date: _____