



Policy Name	Admissions Policy and Referral Arrangements
Trust/Academy Specific	Multi Academy Trust
Statutory/Non-Statutory	Statutory
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Policy Owner(s)	Stephen Steinhaus

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March 2023	Debbie Mountford		July 2024	Trustees
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Introductory statement

Solihull Alternative Provision Multi Academy Trust (hereafter referred to as: The Trust), is an alternative provision for students who are at risk of permanent exclusion or who are showing a level of potential disengagement from mainstream provision, which is placing them at risk of permanent exclusion. The Trust offers students a number of programmes across several sites; with the opportunity to study a mainstream curriculum focused on academic subjects, in a much smaller environment than that on offer in traditional secondary schools.

The aim of The Trust is to re-engage its students into education and progression to employment, training or further education. It is to ensure students are able to access the same currency of qualifications and enable them to re-engage with education and access Post-16 provision. Admission will be through the referral process outlined in this policy. Referrals may be made at any time throughout the year.

This policy is compliant with all current legislation including:

- **School Admissions Code (2021)**
- **Alternative Provision Statutory Guidance (2025)**
- **Children and Families Act 2014**
- **Equality Act 2010**
- **SEND Code of Practice (2015)**

Number of places available

The Trust will provide education for approximately 350 + students aged 4 – 16 across our academies. These places will be a mix of full-time placements with a limited number of part-time placements.

Registration arrangements

Our registration arrangements across the Trust vary depending on the needs of the students as well as the requirements of commissioning schools and the relevant local authorities. We offer 6-day provision, short term placements of varying lengths and dual & single register options. Admissions are coordinated via commissioning schools, Local authorities and The Single panel.

Students supported by The Trust

Our Academies will specialise in providing places for:

- Students who are showing a level of potential disengagement from mainstream provision which is placing them at risk of permanent exclusion.
- Students at risk of self-exclusion.
- Students who have been Permanently Excluded

- Students Missing in Education

Referral arrangements

All admissions will be overseen by the Single Panel

Commissioners wishing to make a referral for a place, should submit the appropriate referral form, which must be fully completed, and shared with the young person and carers.

To acquire a place at one of our academies, children will be referred by their current educational establishment or home local authority.

Induction

All students will be assessed as part of their consultation and induction. This will involve a minimum 2-week induction process where assessments will take place to determine the best pathway for each student and to ensure the personalisation of the curriculum meets the individual needs of the student. This will involve a range of activities and will utilise where necessary outside agencies such as educational psychologists, behaviour specialists, and academic assessments.

The admission of students with special educational needs

Students with a statement of special educational needs or education health and care plan naming the academy will be admitted.

For us to consider students with an EHCP, we must be formally consulted by the Local Authority to decide if we can meet the student's needs. If we can, and the student is placed with us, we will assess each student to determine which class to place them in.

The Trust will ensure that admissions information is accessible to families with English as an additional language or other communication needs.

Oversubscription

The following oversubscription criteria will apply when there are more referrals than places available, in order of priority:

1. Students who are or were previously looked after by a Local Authority (as defined by the Children Act 1989)
2. Children without a school place including children who have been permanently excluded.
3. Children in danger of harm if they remain in the current setting.
4. Children who have received fixed term exclusions two or more times.

All referrals will be considered against the oversubscription criteria overseen by the Solihull Fair Access Panel. Where a place can be offered, Solihull Alternative Provision Multi Academy Trust will write to the

commissioner accepting the referral, outlining the financial requirements, the support to be offered, a start date, the date by which the offer should be accepted and the address to which to respond.

Appeals against any refusal to accept a referral

The Commissioner of any child who is refused a place at the Academy has a right of appeal to the Fair Access Panel.

Equal Opportunities

The academy is committed to equal opportunities and admits students across the full spectrum of academic abilities. All students have equal access to the curriculum and there is a learning support programme for students with special needs.

Review

This policy will be reviewed annually, and any amended policy will be subject the arrangements set out in the Admissions Code.

Data Protection

Solihull Alternative Provision Multi Academy Trust is committed to full compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. All personal data collected during the admissions and referral process is handled securely, lawfully, and transparently. For further details on how we manage and protect data, please refer to our Trust's Data Protection Policy, available on the SAPMAT website.



Referral Form

Please ensure that you attach any and all DIAGNOSIS PAPERWORK, Attendance, Behaviour, Inclusion and most recent Progress reports

(Please note, full and supporting information MUST be in place before we are able to progress with the referral)

Provision you're referring to:

Reason for referral to above provision

Section 1 – Pupil Details	
Pupil's Name:	Male/Female:
DOB:	Year Group:
Address:	
1.Name of Parent/Carer:	Tel Number: Mobile:
2.Name of Parent/Carer:	Tel Number: Mobile:
Siblings:	Interpreter needed: Yes ☐ No ☐
	Home Language:
Ethnicity:	UPN:
Religion:	ULC:
Pupil Premium: Yes ☐ No ☐ FSM: Yes ☐ No ☐	
Have Parent(s)/Carer(s) been made aware of this referral? Yes ☐ No ☐ If yes, do they understand and support the referral? Yes ☐ No ☐ Has the Young Person been made aware of this referral? Yes ☐ No ☐ Do you require a visit from SA staff to convince Parent/carers or pupil? Yes ☐ No ☐ Has a formal referral application been made to Fair Access Panel ? Yes ☐ No ☐ If so, when? _____	
Parent(s)/Carers signature: _____ Date: _____ Young Persons signature: _____ Date: _____	

Section 2- SEN Information

Is the pupil on the SEN Register? Yes ☐ No ☐

Please rank areas(s) of need: *(Primary, secondary etc....)*

Cognition and Learning		Communication and Interaction		Social, Emotional and Mental Health		Physical/Sensory/ Medical	
Moderate learning difficulties		Speech & language difficulties		Emotional dysregulation		Physical difficulties	
Specific learning difficulties		ASD / PDA		ODD / ADHD		Hearing / visual Impairment	
Severe learning difficulties		Sensory & social communication difficulties		Other: E.g. Trauma or Attachment		Medical difficulties:	

Is the pupil under statutory assessment for an EHCP?

Date started:

Does the pupil have a final EHCP date issued?

Date issued:

Does the pupil have an ASD Needs Based Plan?
(please attach if so)

Date issued:

ASD Tier Number: 1 / 2 / 3 / 4 / NA

PLEASE LIST ANY SEN DIAGNOSES:

(Please ensure you attach any relevant SEN paperwork, diagnoses, etc.)

Do you consider this child to have any other needs not described on this paperwork or formally assessed as SEND? Yes ☐ No ☐

(If yes, please give details)



Section 3- Attendance and Behaviour

Currently attending? Yes ☐ No ☐

If NO, last date Attended:

Overall Attendance

Please include:

- Any details of difficulties
- Details of long absence with reasons
- Details of intervention, prosecution & enforcement

Behaviour (including any isolation, internal exclusion and fixed term exclusion information)

Current Curriculum Arrangements (please also include details of any alternative/part time/offsite education that is in place)

Section 4- Academic Information

KS1/KS2:

KS3/KS4:

Key Contact:

Key Contact:

Email:

Email:

Tel:

Tel:

End of KS2 Results

Reading age		English		Maths		Science	
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End of KS3 Results (if applicable)

Reading age		English		Maths		Science	
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Please comment in which subjects and / or activities the pupil has shown a positive interest or achievement?

Section 4 - Agency involvement (Contact names and numbers, past and present)

Agency	Contact Name	Telephone
All Age Exploitation/ CSE		
Engage		
Family Support Worker		
Speech and Language Therapy		
Educational Psychology Service		
Police		



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Youth Offending Team (YOT)		
School Nurse		
Sensory Support		
SISS Team		
ASD Support		
SENDIAS		
SOLAR/CAMHS		
Social Work Support		
START		
Dyslexia Support		
In School Counsellor		
Other		

Early Help Assessment Initiated: Yes ☐ No ☐ **Lead Practitioner:**

Telephone: **Organisation:**

PLEASE ATTACH RECORDS OF ANY AND ALL TEAM AROUND THE CHILD MEETINGS

Relevant Personal or Home Circumstances (Parental involvement, family structure, LACES/Foster Care/Children's Home, Child Protection, recent bereavement; sensitive information should not be shared at this stage unless it is essential for the panel to know)

Does the child have/ever had a parent in prison? Please give details as appropriate.

Additional Information (Detailed picture of pupil, including positive attributes, any medical diagnosis, concerning behaviour with parties outside school, impact on peer group, interests and hobbies, membership of groups/clubs)

Gang Related Issues: Yes ☐ No ☐

Are there any safeguarding or CP issues? Yes ☐ No ☐

If yes, please ensure that details and information are provided as appropriate.

Section 5 - Risk Assessment and Safeguarding questionnaire

		0	1	2	3	4	5
0 = Unlikely	Theft						
	Truancy						
1 = Improbable	Absconding						
	Substance Misuse						
2 = Small Possibility	Alcohol Misuse						
	Damage to Property						
	Arson						
3 = Possible	Weapon related incident						
4 = Probable	Physical aggression towards peers						
	Physical aggression towards adults						
5 = Certain	Verbal aggression towards peers						
	Verbal aggression towards adults						
	Threatening behaviour towards peers						
	Threatening behaviour towards staff						
	Bullying peers						
	On-line/Social Media issues						
	Persistent defiance						
	Persistent refusal to follow instructions						
	Sexual inappropriate behaviour towards others						
	Dangerous behaviour in the environment						
	Confidential child protection – information available on request						

Safeguarding Questionnaire				
Does the child appear to be?	Yes	No	Not sure	Evidence/Comments
Healthy?	☐	☐	☐	
Safe from Harm?	☐	☐	☐	
Learning and Developing?	☐	☐	☐	
Free from crime or antisocial behaviour?	☐	☐	☐	
Free from the Impact of Poverty or worklessness?	☐	☐	☐	
Benefit type: N/A ☐				
If you answered "no", what additional services are needed for the child or young person or their parent(s), carer(s) or family? – Please note if the family speak a community language and an interpreter is required.				
Suggested interventions:		Suggested Agencies: ☐ Education ☐ Health ☐ SOLAR ☐ Housing ☐ Criminal Justice ☐ School Support ☐ OTHER ☐ ENGAGE ☐ Job Support ☐ Mental Health ☐ Citizen's Advice ☐ Early Support Service ☐ Other ☐ Other		
Risk assessment and safeguarding questionnaire completed by; Name: Title: Date:				

Key Contact Person for the pupil:

Email:

Telephone Number:

Section 6- Supporting Information

Please ensure that you provide the following supporting information to us in addition to the completed referral form. Please use the tick list to double check that you have included the information as requested. **If you do not supply the information requested this will delay the admissions process.**

Supporting Evidence Required	Evidence Supplied	
	YES	NO
EHCP (if applicable)		
SEND Support Provision Plan (if applicable)		
Evidence of formal medical diagnosis (copies of appointment letters if the pupil is awaiting an appointment/assessment)		
Copies/summary of any school support plans		
Reports and summary of ongoing involvement from health/mental health services.		
Evidence of involvement from other professionals e.g. Educational Psychologist, Communication and Autism team (if applicable), family support, school nursing service.		
Most recent school report		
Attendance report for the academic year		
12 months behaviour logs		
Details/ minutes of all team around the child meetings		
Any other information you feel is relevant to the referral Please list here:		

Permanent Exclusion Student Information

(Solihull resident)

Please complete and return immediately, when notifying the local authority of a permanent exclusion, so that 6th day provision can be arranged.

EXCLUDING SCHOOL:	
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SECTION A: PUPIL DETAILS					
FORENAMES OF CHILD					
SURNAME OF CHILD					
ADDRESS	POSTCODE				
TEL/MOBILE NUMBERS					
UPN		ETHNIC CODE			
DOB		NC YEAR			
GENDER		KEY STAGE			
IS THE PUPIL LOOKED AFTER?	YES/NO	PEP No.		PEP attached	YES/NO
Have there been any TAF/ CAF MEETINGS called?	YES/NO	LEAD CONTACT:		CONTACT TEL DETAILS:	
IS THE PUPIL on the CHILD PROTECTION REGISTER?	YES/NO	LEAD CONTACT:		CONTACT TEL DETAILS:	
DOES THE PUPIL have an IEP / PSP?	YES/NO	LEAD CONTACT:		LAST REVIEW DATE?	
Has the pupil been the subject of a managed move?	YES/NO	Name of School Attended?			
IS THE PUPIL on the SEN REGISTER?	YES/NO	Indicate COP stage: N (None, No special provision)			

SECTION B: PARENT/CARER DETAILS					
TITLE:		SURNAME:		FIRST NAME:	
ADDRESS: (if different from Section A)					
TELEPHONE / MOBILE (S):					
Email Address:					
PLEASE STATE THE RELATIONSHIP TO PUPIL: PARENT: CARER: OTHER: (Please state relationship) Parent/Carer DOB: Preferred method of contact (phone, email, text etc):					
Does the Parent/Carer understand and accept this exclusion and referral? YES/NO (If NO, please give a brief outline of any details you think may help us when engaging with the family)					
SECTION C: AGENCY INVOLVEMENT					
Agency		Contact Name		Telephone	
ASD Support					
CSE					
Engage					
Education Psychologist					
Family Support Worker					
Health Visitor					
Police					
School Nurse					

SEMH Support			
Sensory Support			
SISS Team			
Solar			
Social Work Support			
START			
Youth Offending Team (YOT)			
bswaid			
Other			
Please give any details regarding Agency Involvement that you feel may be useful:			
Relevant Personal or Home Circumstances (Parental involvement, family structure, LACES/Foster Care/Children's Home, Child Protection, recent bereavement.			
With regards to the COVID-19 situation, does the pupil have access to resources at home? YES/NO			
SECTION D: SCHOOL STRATEGIES USED (Please attach reports and evidence)			
Support from Tutor	YES/NO	Managed Move	YES/NO
Learning Mentor	YES/NO	Alternative Education	YES/NO
Peer Mentor	YES/NO	Family Involvement	YES/NO
School Report	YES/NO	Parenting Contract	YES/NO
Placement @ LSU	YES/NO	Parenting Order	YES/NO
Reduced Timetable	YES/NO	Individual Programme	YES/NO
Counselling	YES/NO	Non-Attendance Panel (EW Service)	YES/NO

SECTION E: MAIN BEHAVIOURS THAT CAUSED CONCERN AT SCHOOL (include Risk Assessment)

(If yes, please attach additional information as necessary)

Persistent refusal to follow instructions/ school rules	YES/NO	Physically/Verbally abusive to teachers	YES/NO
Disruptive behaviour around school	YES/NO	Problems with bullying Physical/Verbal	YES/NO
Negative responses to teacher challenge	YES/NO	Pupil – Staff Relationships	YES/NO
Work avoidance	YES/NO	Peer Group Relationships	YES/NO
Physically/Verbally abusive to peers	YES/NO	Home – School Relationships	YES/NO
Absconding/ Truancy	YES/NO	Substance misuse	YES/NO
Weapon related incident	YES/NO	Damage to Property	YES/NO

SECTION F: FIXED TERM EXCLUSION(S) this academic year

	Start date	End date	No of days	Give brief reason for each exclusion
1				
2				
3				

SECTION G: PERMANENT EXCLUSION (ALL RELEVANT SECTIONS MUST BE COMPLETED)PLEASE TICK **ONE** REASON FOR EXCLUSION (if there is more than one reason – please tick the most serious offence)

PP	Physical assault against a pupil		SM	Sexual misconduct	
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PA	Physical assault against an adult		DA	Drug and alcohol related	
VP	Verbal abuse/threatening behaviour against a pupil		DM	Damage	
VA	Verbal abuse/threatening behaviour against an adult		TH	Theft	
BU	Bullying		DB	Persistent Disruptive Behaviour	
RA	Racist abuse		OT	OTHER	

Have the Police been informed/involved in connection with this exclusion?

YES/NO

Has there been a Governor's Meeting arranged? YES/NO If yes, please complete details: Date: Time:

Is there any supporting paperwork for this exclusion? YES/NO Please attach the relevant paperwork or forward when available

FIRST DAY OUT OF SCHOOL ____/____/____ (Effective date of exclusion)

SECTION H: PUPIL'S CURRENT SCHOOL INFORMATION

Initial School Contact:		Contact Tel No:	E-Mail:
Head of Year:		Contact Tel No:	E-Mail:
SENCO:		Contact Tel No:	E-Mail:
Date of Admission to the school:			
Previous Schools:	Date Admitted:	Date of Roll:	
1.			
2.			
3.			
Is the pupil entitled to free school meals: YES/NO			

SECTION I: PUPIL ACADEMIC PROFILE (Please attached reports where possible)

KS2 SATs	Predicted Grades	Actual Results	KS3 Assessment	Predicted Grades	Actual Results	KS4 GCSE's	Predicted Grades
English			English			English	
Maths			Maths			Maths	
Science			Science			Science	

(If you would like to add additional information regarding KS4, please use the back page)

Subject	Exam Board	Course work completed to date (Please forward)	Predicted Grade

SECTION J: ATTENDANCE DATA REQUIRED

Over the last Academic Year

Actual:

Possible:

In the Current Year

Actual:

Possible:

Please state reasons for any long periods of absence if applicable:

SECTION K: PUPIL PERSONAL PROFILE

Interests and Achievements: (include any extra curricular activities or clubs)

Aspirations:

Relationships and self confidence:

SECTION L: REASON FOR PERMANENT EXCLUSION

Why is this referral being made? (Please include as much detail as possible such as any trigger for behaviours leading to exclusion, and concerns regarding outside influences and any mitigating factors)



Signed:

Date:

Position

(if you are **not the head teacher**)

Please return this form **immediately** for the attention of:

Exclusions Team, Solihull MBC, Council House, Manor Square, Solihull, B91 3QB

Telephone: 0121 704 6663 e-mail: exclusions@solihull.gov.uk