**ALDER CENTRE FOR EDUCATION**



Sandfield Walk, Liverpool L12 1LH

 Telephone: 0151 228 0324

 Sandfield Park Headteacher: Mr. M Hilton

 Head of ACE: Mrs Wendy Henshaw

**Home/School Agreement**

1. Parents/guardians who collect their children from ACE must report to reception. ACE staff will then hand over care of the pupil to parent/guardian.
2. For pupils who travel by bus a travel pass is available
3. Independent Travel Training is available if required
4. For pupils who travel independently parents are responsible for them when the pupil leaves ACE premises:

Who receives the child on arrival at home?

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1. For exceptional circumstances parents can apply for Home to School Transport
2. Parents must contact ACE to inform of absence 1 hour before lesson is due to start.
3. Medical evidence is required for absences without reason and for absences due to general medical conditions.
4. The home school will be informed of all absences.
5. ACE staff will contact parents on first day of absence (within first hour of absence) if no call has been received. If the parent does not answer a message will be left to contact ACE ASAP.
6. If no response is received from the parent the following day, ACE staff will inform the home school/EWO who may carry out a home visit.
7. **A child may be discharged from ACE if there is a lack of engagement/attendance or if behaviours are having a detrimental effect on other pupils and their health.**
* I have read the above statements and agree to the terms of the ACE placement.
* I agree that medical/health information can be provided by the health professional.
* I understand that the place at ACE is based on my child meeting the health criteria.
* I understand that this placement is temporary whilst it is agreed that my child is too ill to attend their own school.
* I understand the importance of the uniform policy and will ensure my child wears the correct uniform when attending ACE.
* I fully support the mobile phone policy.
* I am happy to work with ACE to ensure that my child follows the expected standards of behaviour.

Pupil Name: Parent:

Parent signature: Date:

1. For pupils who travel by ACE taxi:

Who receives the child on arrival at home?

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 What arrangements are made for the pupil on arrival at home?

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1. It is the responsibility of the parent/guardian to inform ACE of any change in circumstances to the above arrangement
2. If a parent does not contact ACE to inform of absence on more than 2 occasions the taxi contract will be put on hold. A parent must make contact with ACE in order to reinstate taxi or make their own transport arrangements.
3. If on occasion parents require their child to be collected or returned to an alternative address (within Liverpool) then prior notice needs to be given to ACE by the parent. This is to ensure we follow safeguarding procedures.
4. A taxi driver is not allowed to transport a child to a different address unless they have been informed of this by ACE.

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| ACE Individual Pupil Risk Assessment Pupil Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent(s)/Carer(s) agreement with Risk Assessment and Home/School agreement:** **I understand and accept that it is my parental responsibility to keep my child safe**  **during the school day when they are not required to attend lessons either at Ace or** **at home.**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **School agreement:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **IDENTIFICATION OF RISK** |
| Describe the risk |  |
| Is the risk potential or actual? |  |
| Who is affected by the risk? |  |

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| **ASSESSMENT OF RISK** |
| In which situation does the risk usually occur? |  |
| How likely is it that the risk will arise? |  |
| If the risk arises who is likely to be injured/hurt? |  |
| **RISK REDUCTION** |
| Proactive interventions to reduce / prevent risk |  |
| Early interventions to manage risk |  |
| Interventions to respond to adverse outcomes |  |