Residential special school only pathway

Parental and young person’s consent to apply for RSS only pathway

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| **Young Person’s Name:**  |  | **Date of Birth:** |  |
| **Name of the legal guardian for this young person** |  |  |  |

The residential special school (RSS) only pathway supports a small number of children and young people aged 8 to 15 (years 3-10), who have behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and require support at school. They will have fully utilised local learning support services who are unable to meet needs.

The RSS only pathway involves learning in a residential special school. This does not include the additional planning, specialist support and resourcing provided through Te Kahu Tōī, Intensive Wraparound Service, Oranaga Tamariki or High and Complex Needs service provision.

The purpose of this consent form is to ensure that you are aware of and have had a discussion with your learning support key worker (the referrer) about the RSS enrolment. Informed consent means you should be well informed and know what to expect. You will have had an opportunity to contribute to and review information about your young person’s application prior to the application being made.

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| Please tick to indicate that you as a parent/guardian have had explained: | Parent/Legal Guardian or young person as appropriatetick where applicable or cross where not applicable |
| What to expect from the RSS only pathway, and why the application is being made. |  |
| That there are a limited number of places available and it is important that applicants understand that a place in a RSS may not be available. If this happens schooling and learning support will continue to be provided in my home region.  |  |
| I or my young person **have /have not** (circle the applicable words) given consent for this application to be submitted.  |  |
|  My ongoing accountabilities to support my young person while they are at the RSS, in the school holidays and when they transition back home.  |  |
| How the information provided in the application and risk assessment will be protected to maintain confidentiality. I understand that the application form and risk assessment will be shared in confidence with the prioritisation panel for intensive support, the three RSS principals and delegated advisors at the Ministry of Education national office. I **agree/do not agree** (circle the applicable words) that the information in this application and risk assessment will be shared with these people. |  |
| I have read the application and risk assessment and have had an opportunity to correct any of my personal information relating to my young person. |  |
|  I have discussed this application with my son or daughter and recorded their views in the application and risk assessment.  |  |
|  My son or daughter understands that if this application is accepted, that they will be living away from home during term time. |  |

**Parent/ Legal Guardian Referrer**

Name: Name:

Signature: ............................... Role:

 Signature: ...............................

**Young Person**

 Name: Signature: ............................... Date: