



Mid Yell Junior High School

Mid Yell
Shetland
ZE2 9BN

Head Teacher: Mr Mark Lawson B.Ed (Hons)

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Mid Yell Junior High School

23 August 2024

Preventing & Managing Exclusions in Shetland Schools Policy

Dear Parents & Carers,

Shetland Islands Council recently approved a new Preventing & Managing Exclusions in Shetland Schools Policy following a consultation exercise in April 2024. Unfortunately, some key groups did not receive the consultation survey. A new consultation exercise is now underway to make sure all relevant pupils, parents, carers, staff and other interested people have the chance to respond.

A copy of the draft policy is attached .

Please complete the consultation survey using the link below by Wednesday 11th September 2024.

<https://www.smartsurvey.co.uk/s/IC6FSA/>

If you have already submitted a response in April 2024, you can respond again but your original response will also be taken into account.

An update on any revisions required to the Policy as a result of the new consultation exercise will be communicated in due course.

Thank you for taking the time to consider this important documents,

Best Wishes,

Mark Lawson, Headteacher

Parental Permission for Work Placement

Young Person: Hannah Hay

School: Mid Yell Junior High School

- I confirm that I have read, understood and agree to the requirements of the work placement as detailed in the Work Placement Details sheet.
- If on a particular day Hannah cannot attend the placement, I agree to notify the Provider and the School by telephone before 9.00am.
- I understand that it is important not to place a young person in an environment for which they are medically unsuited.

I confirm that Hannah has no medical conditions

Or

The following medical conditions/impairments apply:

Physical Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma / Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin Allergies / Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Requires Regular Medication	<input type="checkbox"/>	<input type="checkbox"/>
Vision Impairment (incl colour blindness)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If any of these medical conditions apply, please provide more details:

Parent/Carer Signature _____

Date _____

Young Person Agreement to Work Placement

- I confirm that I have read, understood and agree to the requirements of the work placement as detailed in the Work Placement Details sheet.
- I will not disclose any information confidential to the Placement Provider without the Provider's permission.
- I will follow all safety, security and other appropriate instructions given by the Provider.
- I will take reasonable care of my own health, safety and welfare, and of the health, safety and welfare of others.

Young Person's Signature _____

Date _____