**Initial return for independent schools**

**(In accordance with Education Act 2002, section 168 and The Independent Schools (Provision of Information) (Wales) Regulations 2024, regulation 4)**

**Please note:** This return must be completed within 90 days of the admission of pupils to the school

**School number: ---/----**

**School name:**

**General information about the school**

Name ofproprietor: ………………………………………………….

Please provide the total number of pupils registered: …………………..

Date of admission (dd/mm/yyyy):

Please note the 'admission date' is the first date on which:

1. 5 or more pupils are admitted to the school, if the school is an independent school by virtue of section 463(1)(a) of the Education Act 1996, or
2. one pupil is admitted to the school if the school is an independent school by virtue of section 463(1)(b) of the Education Act 1996.

Do you provide part-time education?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]   |

Do you provide co-educational facilities?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]   |

Please provide the number of pupils in each year group (as per paragraph 1 of the Schedule to the Independent Schools (Provision of Information) (Wales) Regulations 2024). If you:

1. offer part-time education, please provide the number of pupils in each year group who receive part-time education and those that receive full-time education
2. are a co-educational school, please provide the number of pupils in each year group that are male and female.

| Year group | Total no. of pupils (M) | Total no. of pupils (F) | No. of full-time pupils (M) | No. of full-time pupils (F) | No. of part-time pupils (M) | No. of part-time pupils (F) |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Is your school registered under Section 160 of the Education Act 2002 to admit pupils with special educational needs?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]   |

Please provide a breakdown of the number of pupils in your school that have special educational or additional learning needs as categorised below.

| **Type of support**  | **No. of pupils**  |
| --- | --- |
| Individual development plan (local authority maintained) |  |
| Statement of special educational needs (local authority maintained) |  |
| No individual development plan or statement |  |

Do you have any pupils at your school who are looked after by a local authority?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]   |

If you answered yes to the question above, please give the number of pupils:…..

Do you provide boarding?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]   |

If you answered yes to question above, please give the number of pupils who board.

| Male | Female |
| --- | --- |
|  |  |

If you answered yes to the question regarding boarding, please provide the age of the eldest and youngest pupils who board as of 31 August.

| Youngest pupil | Eldest pupil |
| --- | --- |
|  |  |

**Annual fees**

Please state the annual tuition and other fees (excluding fees for boarding accommodation) payable per pupil.

|  |  |
| --- | --- |
| Lowest annual fees excluding boarding (£) |  |
| Highest annual fees excluding boarding (£) |  |

If you provide boarding, please state the annual boarding fees payable per pupil.

|  |  |
| --- | --- |
| Lowest annual boarding fees (£) |  |
| Highest annual boarding fees (£) |  |

**Teachers**

Please provide the number of teachers employed.

|  |  |
| --- | --- |
| No. of full-time teachers (M) |  |
| No. of full-time teachers (F) |  |

|  |  |
| --- | --- |
| No. of part-time teachers (M) |  |
| No. of part-time teachers (F) |  |

Please state the aggregate number of hours a week normally worked by part-time teachers in term time.

|  |  |
| --- | --- |
| Aggregate hours worked by part-time teachers (Male) in term time. |  |
| Aggregate hours worked by part-time teachers (Female) in term time. |  |

**Staff details**

**a. Teachers**

Please provide the details of all teachers employed by the school. Also, in the section headed:

1. 'Type of teacher' please enter one of the following codes:

 H – Headteacher F – Full-time teacher P – Part-time teacher T – Temporary teacher

1. 'Qualifications' please enter highest level of qualifications held
2. 'DBS certificate/check' please insert the Disclosure and Barring Service (DBS) number held by this member of staff

| **Type of teacher** | **Surname** | **Any previous names** | **Forenames** | **Date of birth****(dd/mm/yyyy)** | **Sex (M/F)** | **Qualifications** | **DBS certificate/check carried out (include DBS number)** | **Copy of DBS available to the proprietor** | **National Insurance number** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**b. Non-teaching/ancillary staff**

Please provide the details for all non-teaching and ancillary staff who have been appointed by the school. Also, in the section headed:

1. 'Type of employment' please enter one of the following codes:

F – Full-time P – Part-time T – Temporary

1. 'DBS certificate/check' please insert the DBS number held by this member of staff.

| **Type of employment** | **Surname** | **Any previous names** | **Forenames** | **Date of birth (dd/mm/yyyy)** | **Sex (M/F)** | **Post title** | **DBS certificate/check carried out (including number)** | **Copy of DBS available to the proprietor** | **National Insurance number** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Declaration**

I confirm that to the to the best of my knowledge and belief, the statements made in this initial return are accurate.

Have you completed this form on behalf of the proprietor with their permission? (Please note if you tick this box, you are confirming you are authorised to complete this form on the proprietor’s behalf. [ ]

Signature (of proprietor/on behalf of):

Position/job title:

Date:

Name (in CAPITALS):