

Pupil Application Form - Cavendish Community Primary School



Cavendish Road
West Didsbury
Manchester M20 1JG

Tel: 0161 445 1815

Email: office@cavendish.manchester.sch.uk
Website: www.cavendish.manchester.sch.uk



Child's Basic Details						
First Name		Middle Name(s)				
Known As Name		Surname				
Date of Birth		Male/Female				
Home Address						
Postcode		Home Phone No.				
Email Address						
Contacts Including Parents or Carers in Priority Order (please put at least 3 for emergencies). If either parent lives at a different address to the child then please provide address overleaf.						
	Name	Relationship to child	Home Number	Mobile Number	Work Number	
1						
2						
3						
4						
Brothers and Sisters						
Please give details of any brothers and sisters already attending Cavendish						
	Name	Date of Birth	Current Class			
Medical Information (Please give details of any the following for your child)						
Any special medical needs?						
Any disabilities?						
School Meals						
Will your child be taking a school meal?						
Any special dietary needs?						
Medical Practice Name		Medical Practice Phone Number				
Previous Schools						
Name and location of School		Start Date	End Date	Reason for Leaving		
Please tick the relevant boxes to give your permission for the following					Yes	No
Can your child go on supervised local walkabouts eg to shops/for road safety training?						
Can your child have his/her photograph taken or be recorded on video? (This may be used on our school website, in school publications or appear in the local media)						
Do we have permission to take your child to hospital if necessary?						

Date Received by School

ETHNIC ORIGIN	HOME LANGUAGE	RELIGION
White	<input type="checkbox"/> African Languages	<input type="checkbox"/> Christian
<input type="checkbox"/> British	<input type="checkbox"/> Arabic	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Irish	<input type="checkbox"/> Bengali/Sylheti	<input type="checkbox"/> Jewish
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Muslim
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Creoles/Patwa	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Any Other White Background	<input type="checkbox"/> English	<input type="checkbox"/> Hindu
<input type="checkbox"/> White European	<input type="checkbox"/> Farsi	<input type="checkbox"/> Anglican
<input type="checkbox"/> White Other	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Baptist
Black or Black British	<input type="checkbox"/> Malay	<input type="checkbox"/> Methodist
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Sikh
<input type="checkbox"/> African	<input type="checkbox"/> Punjabi/Gumukhi	<input type="checkbox"/> United Reformed
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Hindi	<input type="checkbox"/> None
<input type="checkbox"/> Somali	<input type="checkbox"/> Urdu	<input type="checkbox"/> Other (Please Specify)
<input type="checkbox"/> Other Black African	<input type="checkbox"/> Somali/Brawa	
<input type="checkbox"/> Any Other Black Background		
Chinese		
<input type="checkbox"/> Chinese		
Mixed/Dual Background	OTHER LANGUAGES	
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> African Languages	
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Arabic	
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bengali/Sylheti	
<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Cantonese	
Asian or Asian British	<input type="checkbox"/> Creoles/Patwa	
<input type="checkbox"/> Indian	<input type="checkbox"/> English	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Farsi	
<input type="checkbox"/> Mirpuri Pakistani	<input type="checkbox"/> Gujarati	
<input type="checkbox"/> Other Pakistani	<input type="checkbox"/> Malay	
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Mandarin	
<input type="checkbox"/> Any Other Asian Background	<input type="checkbox"/> Punjabi/Gumukhi	
<input type="checkbox"/> African Asian	<input type="checkbox"/> Hindi	
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Urdu	
Any Other Ethnic Group	<input type="checkbox"/> Somali/Brawa	
<input type="checkbox"/> Afghan		
<input type="checkbox"/> Arab	OTHER INFORMATION	
<input type="checkbox"/> Iranian	<input type="checkbox"/> Speaks fluent English	
<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Any Other Ethnic Group	NATIONALITY (please specify)	

Parent Address (where parent has different address to child)	
Name	Address

The information on this form is correct at the current time and I am aware that it is my responsibility to ensure that the records held by the school are kept up to date should any changes occur.		
Signed	Print Name	Date

For office use only			
Start Date		Class	
<input type="checkbox"/> Information requested from previous school			

Date Received by School	
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