

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 | | | |

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|-------------------------|--|
| Date Received by School | |
|-------------------------|--|