FORM NO :-

## CMEF TRUST'S QUEEN MARY SCHOOL PRE PRIMARY V.P.ROAD, MUMBAI – 400 004. Tal: 022 60257577 / 022 60257477

Tel: 022 69257577 / 022 69257477

(Preliminary data form seeking Admission to Kinder Garten - KG ).

To, The Chairman, CMEF Trust V.P.Road, Mumbai – 400 004.

Must attach photograph of parents here.

Dear Sir,

I wish to seek admission for my daughter/ son in the **KG** in your institution from March 2025. I hereby declare that the information given below is true and accurate. I fully understand the fact that the acceptance of this form does not guarantee admission. I also understand that the decision of the authorities is final in this matter.

Yours faithfully

Parent / Guardian

INFORMATION A. Informat	Attach child's photograph here.		
Name	Father's Name	Surname	_
	( WRITE IN BLOCK	LETTERS )	
	(in words)		
	·		
Religion	Nati	onality	
B Informatio	n about the father		
Name			
Name and place of	the school attended		
Name and place of	the college attended		
Educational / Profe	ssional Qualifications		
Profession / Occup	ation/ Designation and spec	cialization (Give Deta	ils)

## C. Information about the Mother.

Name	if ex student give maiden name and the year/s
Name and place of the college attende	d
Educational / Professional Qualification	ons
Profession/Occupation/Designation and	d specialization (Give Details)

## D. Information about sisters studying in Q.M.S. (Do not mention cousin sisters)

Name	Age	Relationship	Class/Year

## E. Information about brothers and sisters studying in other schools.

Name	Age	Relationship	Class/Year

F. 1. Complete residential Address including telephone Nos and E-mail address.\_\_\_\_\_

2. Complete Office Address including telepone Nos and E-mail address.

3. How many other girls in your building or neighborhood come to Q.M.S?\_\_\_\_\_

4. Why do you want to educate your child in Queen Mary School? \_\_\_\_\_

5. Are you willing to assist the School in its development projects? In what way?\_\_\_\_\_