

**CMEF TRUST'S  
QUEEN MARY SCHOOL  
PRE PRIMARY  
V.P.ROAD, MUMBAI – 400 004.  
Tel: 022 69257577 / 022 69257477**

(Preliminary data form seeking Admission to Nursery).

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 Nursery 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 school authorities is final in this matter.

Yours faithfully

Parent / Guardian

**INFORMATION TO BE FILLED BY PARENTS**

**A. Information about the child.**

\_\_\_\_\_

Name	Father's Name	Surname
------	---------------	---------

( WRITE IN BLOCK LETTERS )

Attach child's  
photograph here.

Date of Birth: \_\_\_\_\_ (in words) \_\_\_\_\_  
(figures)

Place of Birth: \_\_\_\_\_

Religion \_\_\_\_\_ Nationality \_\_\_\_\_

**B Information about the father**

Name \_\_\_\_\_

Name and place of the school attended \_\_\_\_\_

Name and place of the college attended \_\_\_\_\_

Educational / Professional Qualifications \_\_\_\_\_

Profession / Occupation/ Designation and specialization (Give Details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. Information about the Mother.**

Name \_\_\_\_\_ if ex student give maiden name and the year/s. \_\_\_\_\_

Name and place of the college attended \_\_\_\_\_

Educational / Professional Qualifications \_\_\_\_\_

Profession/Occupation/Designation and 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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_