

EDUCATIONAL BACKGROUND

The School in which the student is currently attending or which he / she last attended

Name of School	City	From	To	Grade

MEDICAL INFORMATION

Has your child been vaccinated for Hepatitis B / Polio / Measles / Typhoid ? **Y / N**

Does your child use corrective help for sight (glasses) or hearing ? **Y / N**

If yes, share details _____

DETAILS OF THE PARENTS / GUARDIAN

Name of Mother / Guardian _____
First Name Middle Name Sur Name / Initials Expanded

Citizenship _____ Educational Qualification _____

Occupation Salaried Professional Self-Employed Others

If you are a doctor, can we use your service in case of medical emergency? **Y / N**

What is your medical specialization ? _____

Emergency Contact # _____ (with STD codes, if applicable)

Day Time Contact # _____

Name of Father / Guardian _____
First Name Middle Name Sur Name / Initials Expanded

Citizenship _____ Educational Qualification _____

Occupation Salaried Professional Self-Employed Others

If you are a doctor, can we use your service in case of medical emergency? **Y / N**

What is your medical specialization ? _____

Emergency Contact # _____ (with STD codes, if applicable)

Day Time Contact # _____

OTHER DETAILS

Monthly Household Income : **INR** _____

Is the applicant living with Grand Parents? : **Y / N**

Who will guide the student at home, if required : _____

Details of siblings of the applicant attending

1. Name of the Sibling : _____ Grade _____ Year of Admission _____

2. Name of the Sibling : _____ Grade _____ Year of Admission _____

Why did you choose Queen Mira for your child's education needs ?

SECOND LANGUAGE

Tamil

Hindi

French

PROOF & DOCUMENTS DETAILS

You are expected to include with the application form a copy of :

1. Transfer Certificate (for age 5 and above)
2. Passport
3. Last School Report
4. Birth Certificate
5. Proof of Residence
6. Community Certificate
7. A Family Photo
8. Passport Size Photographs 3

Application Form & Declaration of Conformity

Student's Name _____ Grade Applying For _____

Parent / Guardian please read and sign the below with date :

I have truthfully and to the best of my knowledge completed the application for the above named student. I authorize Queen Mira International School to contact past and current schools, teachers, tutors, administrators, and other sources to obtain information to support this application. I will not seek access to the confidential teacher's evaluation materials before or after my child's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Queen Mira International School for this purpose. If my child is accepted for admission, I undertake to abide with the school's rules that may change from time to time and also governed by the Parent Student Hand Book that may change from time to time. Queen Mira International School may use my child's photograph in school publications and promotions.

Signature of Parent / Guardian _____ Date : _____

Signature of Student _____ Date : _____

Forwarded by Student's Admission Team Signature _____

Admission by Chairman is Signature _____

www.queenmira.com

Please complete the form clearly in block letters using BLACK ink. If you need help in completing this form, please contact the Student Admissions Team on +91 9655777000

Office use only	
Application No.	_____
Grade Level	_____
Application Receipt Date	_____
Application Status	_____
Emergency Contact #	_____

Please affix
Passport Size
Photo of the
Student here

Data Protection Statement

The purpose for collecting your personal details on this form is to allow the QMIS' Student's Admission Team to process your application. Once the form has been completed the information will be stored in hard copy and on the Student Admission Team's electronic database. Access to the information will be archived as a part of the student's records. This information will not be shared with any other organizations or partner agencies.

STUDENT PERSONAL DEMOGRAPHY

Name _____
First Name Middle Name Sur Name / Initials Expanded

Date of Birth _____ Age as on 1st June 20__ : _____ years & _____ months
(dd / mm / yyyy)

Gender Male Female First Language _____

Citizenship _____ Place of Birth _____

Religion _____ Blood Group _____

RESIDENTIAL ADDRESS

 _____ Pin code : _____

Home Phone # : _____ Home Phone # : _____

Email to which communication to be sent : _____