



APPLICATION FORM

REFERRAL:

Student Name: ..... Class: .....

Student Admission Number: .....

Teacher/Staff Name: .....

Teacher/Staff Reference Number: .....

Child

Mother

Father

Admission required for:

Baby Nursery  Nursery  LKG  UKG  Grade: \_\_\_\_\_

Note: Please use capital letter only.

A. INFORMATION OF THE CHILD

FIRST NAME

Soha

LAST NAME

Ismail Zihunee

GENDER

FEMALE  MALE

DATE OF BIRTH

31 08 2020

ID No. / PASSPORT No.

A467308

BLOOD GROUP

A positive

RELIGION

Muslim

NATIONALITY

Maldivian

LANGUAGE KNOWN

English

Dhivehi

PERMANENT ADDRESS

PRESENT ADDRESS

Paris / Sh. Feydhoo	Kinibimaage / S. Hithadhoo
TEL:	TEL:

EMERGENCY CONTACT NO (RES/MOB)	NAME OF THE PERSON TO BE CONTACTED	RELATIONSHIP
7383435	Nafaahath Ibrahim	Mother

**B. FAMILY INFORMATION**

FATHER/GUARDIAN:

Name: Ismail Zihunee	Age: 26	Nationality: Maldivian
Home Address:	Office Address:	
ID no: A366146	Tel/ Mob: 7 728000	
Email address: ismailzihunee@gmail.com		
Occupation Creative Director	Designation:	

MOTHER/GUARDIAN:

Name: Nafaahath Ibrahim	Age: 29	Nationality: Maldivian
Home Address: Kinbimaage / S. Hithadhoo	Office Address:	
ID no: A307464	Tel/ Mob: 7383435	
Email address: inafaahath@gmail.com	Institution:	
Occupation -	Designation:	

SINGLE PARENT

Father	Mother
ID no:	ID No:
Contact No:	Contact No:
Present Address:	Present Address:

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

**C. CHECKLIST OF REQUIRED DOCUMENT**

- Birth Certificate copy
- Identity Card copy (Student & Parent)
- Vaccination Card copy
- Passport Size photo (2 copies)
- Passport size photo of parents (1 copies)

a



# Mianz International School

## MEDICAL HISTORY OF THE CHILD

### BIRTH HISTORY:

Birth Details: Normal  Caesarian  Forceps

Birth Cry: Immediate  Delayed

Discharge from Hospital: 24 hours (Number of days)

Specialize care given in the Hospital: Yes  No

If Yes, NICU: Extended  hospital stay

Explain:

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### HEARING:

Any difficulty observed: Yes  No

Any Consultation with doctor done: Yes  No

If Yes, Explain: -

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### VISION:

Any Consultation with doctor done: Yes  No

Use of Spectacles/Corrective Lenses: Yes  No

### MOTOR MILESTONES (Approx. Months):

Sitting: -

4 months

Standing:

7 months

Walking:

11 months

Speech:

\_\_\_\_\_ 10 months \_\_\_\_\_

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition:

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

Any Medication taken for general wellbeing:

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

Any Allergy / any medical information that school should be aware of:

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

**D. MISCELLANEOUS**

How did you hear about the Mianz International School?

Social Media

Name of the news Paper

Others (Please Specify)

**E. DECLARATION**

I, Ismail Zihunee have the authority to admit my child /ward Soha Ismail Zihunee, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school. I agree that I will be legally bound to clear all the payments (if there is any) before withdrawing the student from school.

Date:

30.05.2024

Signature of Parent / Guardian

*Zihunee*

**FOR OFFICE USE ONLY**

Form Completed:	Form Received by:	Signature:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No			