

QUEEN MARGARET'S SCHOOL

ECE ADMISSION APPLICATION FORM

STUDENT INFORMATION (Please Print)

____/____/____
Date of Application (dd/mm/yyyy)

Student's Last Name(s) _____ Student's Given Name _____ Student's Preferred Name _____ Female _____ Male _____
Is applying for **Junior Kindergarten** (for four year olds) or **Preschool** (for three year olds) beginning in _____/_____
Month _____ Year _____
____/____/____
Date of Birth (dd/mm/yyyy) Student Citizenship/Landed Immigrant Status _____ Language(s) Spoken at Home _____ First Nations Status? No _____ Yes _____

PARENT/LEGAL GUARDIAN #1 CONTACT INFORMATION (Please Print)

Parent Last Name(s) _____ Parent Given Name _____ Relationship (Father/Mother/Other) _____
Address (Street, City, Province, Postal Code) _____ Phone Number (include area code) _____
Email address _____ Occupation/Title _____ Employer Name and Location _____
I am a: Canadian Citizen/Landed Immigrant living IN BC
Canadian Citizen /Landed Immigrant living in Canada, NOT IN BC
Canadian Citizen NOT RESIDING IN CANADA
Non-Canadian Citizen, NO permanent residency in Canada Other _____

PARENT/LEGAL GUARDIAN #2 CONTACT INFORMATION (Please Print)

Parent Last Name(s) _____ Parent Given Name _____ Relationship (Father/Mother/Other) _____
Address (Street, City, Province, Postal Code) _____ Phone Number (include area code) _____
Email Address _____ Occupation/Title _____ Employer Name and Location _____
I am a: Canadian Citizen/Landed Immigrant living IN BC
Canadian Citizen/Landed Immigrant living in Canada, NOT IN BC
Canadian Citizen NOT RESIDING IN CANADA
Non-Canadian Citizen, NO permanent residency in Canada Other _____

My child lives with: Both Parents _____ Parent #1 _____ Parent #2 _____ Other _____
Communication should be sent to: Both Parents _____ Parent #1 _____ Parent #2 _____ Other _____
Legal Custody is with (If custodial documents apply, a copy must be on file before enrolment): _____

APPLYING FOR

Junior Kindergarten Program (My child is 4 years old in 2018):

5-Day Monday to Friday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
3-Day Monday, Wednesday, Friday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
2-Day Tuesday & Thursday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm



Preschool Program (My child is 3 years old in 2018):

5-Day Monday to Friday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
3-Day Monday, Wednesday, Friday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
2-Day Tuesday & Thursday	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm

STUDENT AND FAMILY DETAILS

The child has attended Junior Kindergarten Daycare _____ times per week

Name of School/Child Care Facility attended: _____

Are there existing conditions with: Visual/hearing/speech Social/emotional development Physical Medical

Is your child is toilet trained? Yes, consistently Is learning Not yet

Siblings:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Relatives who are QMS alumni (Name, relationship, house, years attended if known):

1) _____

2) _____

INTRODUCTION TO QUEEN MARGARET’S SCHOOL

Please tell us how you came to know about or apply to Queen Margaret’s School (check more than one if applicable)

A current QMS family _____ A former QMS student/family _____ A Friend/Neighbour/Colleague

At an event or fair in _____ (location)

QMS website Facebook Twitter Radio ad on _____ Print ad in _____ Other _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. This application does not guarantee acceptance to Queen Margaret’s School.
2. This application, and enrolment if applicable, is subject to the parent/guardian providing full disclosure to the school of any academic, emotional and/or behaviour factors that would affect the student’s academic progress, success in the classroom and/or life at the school for the student or others. Misrepresentation or omission may result in denial of admission or termination of enrolment.
3. If provided below, I authorize Queen Margaret’s School to apply the **\$150 Application and Assessment Fee** to my credit card account as indicated.

Credit Card _____ / _____ / _____ / _____ Expiry _____ / _____ Name on Card _____

Parent/Card Holder Signature _____ Date _____

If completing this document electronically:

Parent/Legal Guardian(s): I/we have read and understood the above. Checking this box serves as my/our signature

Please return this completed form, along with the non-refundable **\$150 Application and Assessment Fee** and applicable documents by email to admissions@qms.bc.ca, by fax to 250-746-4187 or in person to the QMS Administration office.

www.qms.bc.ca

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