

# 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 2017):

<b>5-Day Monday to Friday</b> .....	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
<b>3-Day Monday, Wednesday, Friday</b> .....	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
<b>2-Day Tuesday &amp; Thursday</b> .....	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 2017):

<b>5-Day Monday to Friday</b> .....	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
<b>3-Day Monday, Wednesday, Friday</b> .....	Full-Day 8:15 am – 5:00 pm	Mornings only 8:15 am – 12:00 pm
<b>2-Day Tuesday &amp; Thursday</b> .....	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](mailto:admissions@qms.bc.ca), by fax to 250-746-4187 or in person to the QMS Administration office.

**www.qms.bc.ca**

660 Brownsey Avenue, Duncan  
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T 250-746-4185 | F 250-746-4187

