



Please attach candidate's photo here
 (required)

Please submit this application with:

- an up-to-date photograph
- \$100 non-refundable application fee
- copy of two most recent school reports
- copy of birth certificate or copy of passport (International Students) and
- copy of landed immigrant papers (if applicable)

Application Date: _____ Entering Grade: _____ Beginning September: _____
Month/Day/Year Year

Day Student Boarding Student (Gr 7 - 12 only) Female Male

Student Name: _____
Family Name First Name Middle Preferred Name

Date of Birth: _____ Age in September: _____
Month Day Year

Place of Birth: _____ Home Language Spoken: _____
Province/State/Country

Is the student a Canadian Citizen? Yes No If Yes, please provide proof of citizenship. If No, please state citizenship:

Is the student a Landed Immigrant? Yes No If Yes, please provide proof of landed immigrant status for both applicant and parents.

Are the parents permanent residents of British Columbia? Yes No If Yes, where?

Parent/Legal Guardian 1 Father Mother Legal Guardian
 Title: Mr. Mrs. Dr. Ms. Other:

Name: _____
First Last

Address: _____
Street

_____ City Province/State

_____ Postal/Zip Code Country

Home Phone: _____
Country/City/Area Codes

Home Fax: _____
Country/City/Area Codes

Cell or Alternate Contact No.: _____

Email: _____

Occupation/Position: _____

Employer/Company Name: _____

Bus. Phone: _____ Fax: _____
Country/City/Area Codes Country/City/Area Codes

Family Information (Please designate a primary mailing address for correspondence regarding this application).
 Father Mother Both Other:

Billing Information Father Mother Both Other:

Parent Information Married Divorced Separated Father Deceased Mother Deceased Other:

Student lives with Both Parents Father Mother Grandparent Guardian Other
Name Name Name

If parents are divorced or separated, who has legal custody of the applicant? (Copy of custodial documents are required if divorce or separation is involved).

School Enrollment Information (Please forward the school recommendation forms to your current school).
 Current School: _____ Telephone: _____

Contact Teacher's Name: _____ Number of Years at School: _____

Parent/Legal Guardian 2 Father Mother Legal Guardian
 Title: Mr. Mrs. Dr. Ms. Other:

Name: _____
First Last

Address: _____
Street

_____ City Province/State

_____ Postal/Zip Code Country

Home Phone: _____
Country/City/Area Codes

Home Fax: _____
Country/City/Area Codes

Cell or Alternate Contact No.: _____

Email: _____

Occupation/Position: _____

Employer/Company Name: _____

Bus. Phone: _____ Fax: _____
Country/City/Area Codes Country/City/Area Codes

Further Information

a) Siblings

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

b) Names of relatives or friends who are alumnae or current families of the school

Name:	Relationship	Years in Attendance
1.		
2.		

c) How did you hear about QMS?

Authorization for Representation by an Agent or Consultant

If represented by an Agent/Consultant, please complete the following information.

Agent/Consultant Contact Information:

Agent Consultant Friend Relative Other (please specify):

Name:	First	Last	Email:
Address:	Street		Occupation/Position:
	City	Province/State	Employer/Company Name:
Home Phone:	Postal/Zip Code	Country	Bus. Phone:
	Country/City/Area Codes		Bus. Fax:
			Country/City/Area Codes

Admissions Agreement

I UNDERSTAND THE FOLLOWING:

a) This application does not guarantee acceptance to Queen Margaret's School;

b) This application, and enrollment if applicable, is subject to the parent/guardian providing full disclosure to the school or its agent 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. Misrepresentation or omission may result in denial of admission or termination of enrollment;

c) Upon acceptance, the student and her/his parents or guardians agree to comply with rules and policies of the school;

d) If provided below, I authorize Queen Margaret's School to apply the \$100 Application and Assessment Fee to my credit card;

e) The Head of the School reserves the right to request the withdrawal of any student.

CREDIT CARD (for \$100 Application & Assessment) VISA MASTER CARD _____ / _____ / _____ / _____ / EXPIRY / _____ / _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ / _____ / _____ / (DAY/MONTH/YEAR)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ / _____ / _____ / (DAY/MONTH/YEAR)

WE ARE DELIGHTED TO CONSIDER YOUR CHILD AND SUPPORT IN THE APPLICATION PROCESS. PLEASE NOTE: It is mandatory to have signatures of both parents, or both legal guardians

QUESTIONS? Contact Chad Holtum, Deputy Head, Operations, or Rebecca McKay, Asst. Director of Admissions at (250) 746.4185, fax (250) 746.4187. Reach us through email at admissions@qms.bc.ca or our website at www.qms.bc.ca.