

QUEEN MARGARET'S SCHOOL

QMS

2011-12 JUNIOR SCHOOL FORMS
RETURNING DAY STUDENT - GRADES 1 - 7

Please complete applicable forms and return before
JULY 1ST, 2011

Mail, fax, email or drop off forms to:

660 Brownsey Avenue
Duncan, British Columbia, Canada V9L 1C2
T (250) 746-4185 | F (250) 746-4187 | reception@qms.bc.ca
www.qms.bc.ca



Please indicate whether your child may be released into the custody of the individuals named as your emergency contacts. It is school policy that no student may be released into the custody of any person unless authorized by the student's parent or legal guardian. **We ask that the person picking up your child be prepared to show ID at the time of pickup.**

If any of these emergency contact numbers should change, please inform the Administration Office immediately.

1. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

2. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

3. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

4. Emergency Contact Name (**Not on Vancouver Island**): _____

Relationship to student: _____ Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

I certify that the information on this form is correct.

Parent/Guardian signature _____ Date _____

The information on this form is collected under the authority of the School Act and the Independent School Act. Information is used by Queen Margaret's School for Ministry of Education reporting and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protect of Privacy Act.

MEDICAL FORM – RETURNING DAY STUDENT

(CONFIDENTIAL INFORMATION KEPT AT THE QMS HEALTH CENTRE)

FOR COMPLETION BY PARENT/GUARDIAN

Student: _____
Last Name
First name(s)

Date of Birth (dd/mm/yy): _____ Male Female Grade: _____

Please disclose complete details of any health issue on a separate sheet, if necessary.

PAST OR PRESENT ILLNESSES/CONDITIONS:	YES	NO	COMMENTS & TREATMENT
Ear Infections, Hearing Aids, Sinus problems, Nose bleeds, etc.			
Scoliosis, Back pain, Knee or ankle problems. Limitations re: sports?			
Diabetes, Thyroid problems, etc.			
Abdominal concerns			
Menstrual concerns			
Heart murmur, Rheumatic Fever, etc.			
Epilepsy, Fainting			
Frequent headaches, migraines			
Asthma, Bronchitis, Frequent colds			
Eczema, rash, hives, etc.			
Eating disorders, ADD, ADHD, etc.			
Allergies: environmental, food, medications			
Mental health: Eating disorder, ADD, Depression, Behavioral problems, etc.			
Counselling: follow-up required			
Hospitalizations			Date: _____ For: _____
Any other health concerns the school should be aware of?			

MEDICATIONS

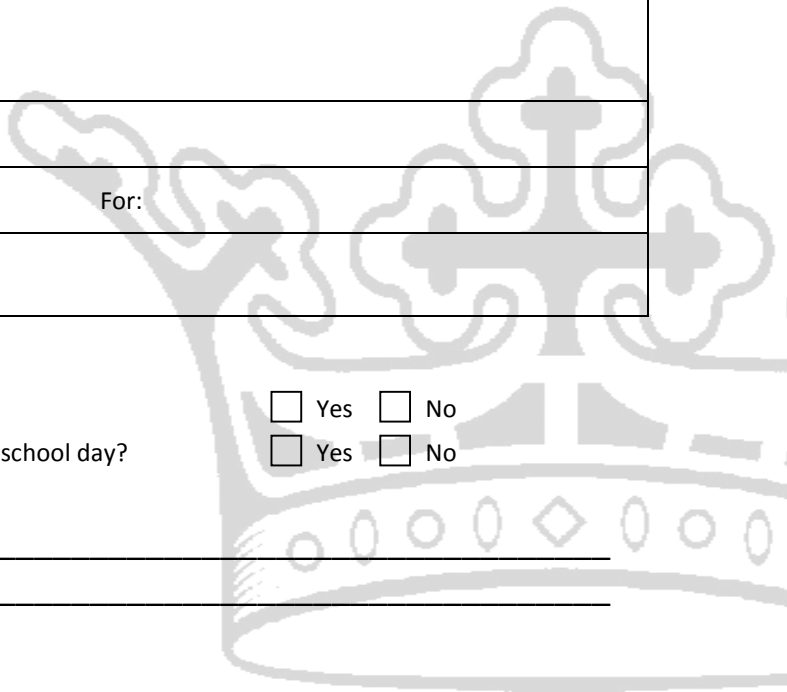
Does your child take any medications on a regular basis?

Yes No

Will administration of medication be required during the school day?

Yes No

If yes, please name medication, dose and frequency:



CONSENT FOR THE ADMINISTRATION OF MEDICATION

I hereby give consent for the School Nurse to give my child (*print child's name*) _____ over-the-counter medication such as Tylenol, Ibuprofen, etc. for any symptoms he/she may have for the duration of his/her attendance at QMS.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY HOSPITALIZATION AND RELATED MEDICAL SERVICES

I hereby consent to have my child (*print child's name*) _____ treated at the local hospital.

Parent/Guardian Signature: _____ Date: _____

NOTES

- **QMS is a smoke free school. The possession, use, or distribution of tobacco, alcohol, or drugs is strictly prohibited. Anti-smoking programs and counseling are available to students. Please speak with the School Nurse in confidence.**
- **All medications must be stored in the Health Centre and will be administered by the School Nurse or designated staff. Please send all medications in their original containers and correctly labeled.**
- **If your child requires the use of an EpiPen or puffer, he or she must bring them every day to school and on field trips. While the school is not a peanut-free school, every precaution is taken to be "peanut aware."**
- **If you have any concerns or questions, or if any follow-up is required for your child, please contact the QMS Health Centre at (250)-746-4185, extension 109 or via email at healthcentre@gms.bc.ca.**



PROVINCIAL GOVERNMENT GRANT – BC RESIDENTS ONLY

(Remains in effect as long as student is attending QMS or until cancelled/changed in writing)

PLEASE COMPLETE A NEW FORM FOR ADDITIONAL CHILDREN OR IF THERE IS A CHANGE OF STATUS.

Queen Margaret's School receives a grant from the British Columbia Ministry of Education for each eligible student residing in the Province of BC. To be eligible for the grant and qualify for Fees for BC Residents, parents/legal guardians must be Canadian Citizens or Landed Immigrants or Lawfully Admitted to Canada **and** reside in BC for more than six months a year. To qualify for BC funding, Kindergarten students must be 5 years old by December 31st.

For the school to receive this funding, the BC Ministry of Education requires and audits the following information.

Student Name: _____ Entering Grade: ____ Date of Birth: _____

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Student Name: _____ Entering Grade: ____ Date of Birth: _____

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1. I am lawfully in Canada as a (please check one):

- Canadian Citizen (if not born in Canada, please attach a photocopy of Citizenship document)
- Landed Immigrant (please attach a photocopy of Landed Immigrant document)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Other – document description: *(must be cleared with immigration Canada)* _____

2. Residency in British Columbia:

- I am a resident of British Columbia for _____ months of the year.
BC Residence Address: _____
- I am not a resident of British Columbia

3. First Nations Families ONLY:

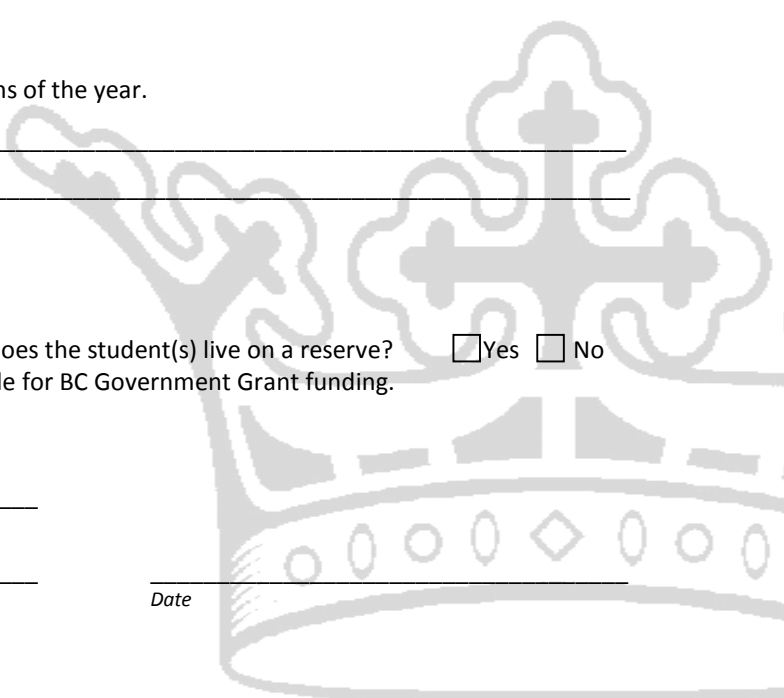
Is the student(s) a Status Indian? Yes No If yes, does the student(s) live on a reserve? Yes No
NOTE: First Nations students living on a reserve are not eligible for BC Government Grant funding.

4. Confirming Signature:

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



CONSENT FOR USE OF PERSONAL INFORMATION

(Remains in effect as long as student is attending QMS or until changed/cancelled in writing)

I consent to having Queen Margaret's School collect personal information that may include student identification information; birth certificate; legal guardianship; court orders if applicable; parents work numbers and e-mail addresses; behavioural, academic and health information; most recent report card; emergency contact name and number; doctor's name and number; health insurance number and any similar information needed for registration.

I further consent to the use and/or disclosure of information collected by or on behalf of Queen Margaret's School for the following purposes:

- for the evaluation, admission and registration of new students
- for the re-registration of returning students
- for Ministry of Education Reporting Purposes
- in support of application(s) to other schools and universities
- for evaluating eligibility for scholarships, bursaries or financial aid
- for determining eligibility for provincial grants
- for the confidential use of the school's health care professionals for the purpose of providing health services
- for accounting, payroll, and billing purposes
- for school advancement, development and fundraising purposes
- for QMS Parents' Association and QMS Society purposes

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- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For promotional purposes)**

Yes No

- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For educational purposes)**

Yes No

- photographs & video images of student

Yes No

- samples of student work

Yes No

- If you agree to some use of your child's image but not to all, please clearly specify where and when QMS may be permitted to use images of your child: _____

- I agree to permit dedicated faculty members to monitor the uploading of files and any other examples which reflect my child's learning at Queen Margaret's School into a QMS sanctioned/created Web 2.0 tool (Social Network, Blog, Mini Blog, online collaboration or storage tool). Yes No

This information is required in order to register your child at this school, to provide services to parents, students, and staff, and to assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. If you do not want your personal information used for any of the above purposes, or for more information, please contact the Privacy Officer for Queen Margaret's School, Julie Scurr, who may be reached at (250) 746-4185, or by e-mail at jascurr@qms.bc.ca.

I am the Parent/Guardian of the following student(s):

Student Name (please print)

Student Name (please print)

Student Name (please print)

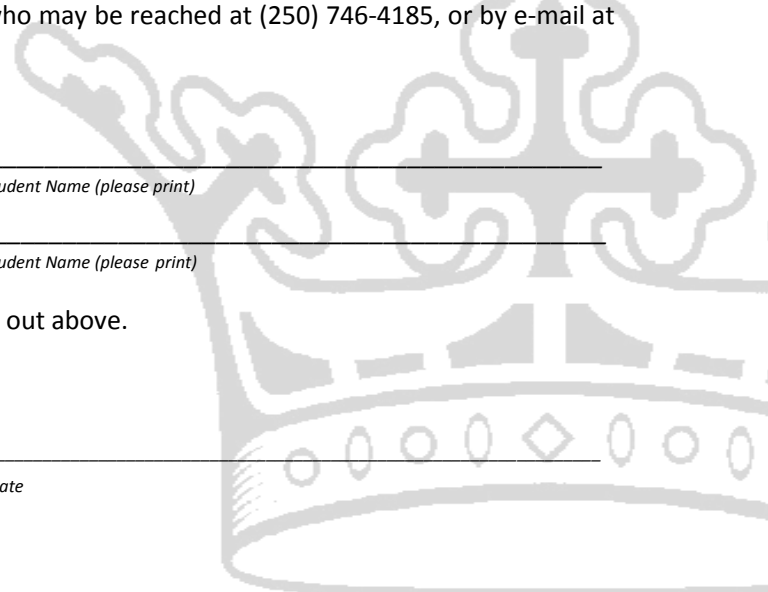
Student Name (please print)

I have read the above carefully and agree to the conditions set out above.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



QUEEN MARGARET'S SCHOOL SOCIETY MEMBERSHIP

One parent from each current QMS family is entitled to a free membership in the QMS Society. Additional members must pay the membership fee as indicated below.

Membership fees may **not** be charged to your QMS account. If you are a new applicant to the QMS Society, you must register and pay **45 days** before the Annual General Meeting to be eligible to vote at the meeting. The AGM is usually held the first Saturday in November.

Application **Renewal**

Names of children attending QMS (if applicable): _____

Full Name: _____
(designated family voting member)

Address: _____ Postal Code: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email address: _____

Status: Current Parent Former Parent Current Staff Former Staff Alumnae - Years: _____

Or: Other _____ *(must be nominated by 2 members of the Society – contact Admin office for assistance)*

I have read, understood and support the aims and purposes of the society set out in the Constitution.

Applicant's signature

Date

Additional Voting Members:

Full Name: _____ Status: _____ Signature: _____

Full Name: _____ Status: _____ Signature: _____

Check appropriate Fee Payable:

- No charge for first member** in a current QMS family
- \$10 per person per year** - - for second & additional memberships in a current family
- \$10 per person per year** - - for all other registrations
- \$100 Lifetime Membership** per person

Total Payable: _____

Method of Payment:

- Cash enclosed Cheque enclosed (payable to QMS) Visa Mastercard American Express

C/C Number: _____ Expiry Date: ____/____/____ Security code (on back): _____

Cardholder: _____ Cardholder's signature: _____

