



## Relationship with College

### Daughter of Queen Margaret Old Girl:

Yes  No If Yes, years attended:

Name:

House Name:

### Grand-daughter of Queen Margaret Old Girl:

Yes  No If Yes, years attended:

Name:

House Name:

### Great grand-daughter of Queen Margaret Old Girl:

Yes  No If Yes, years attended:

Name:

House Name:

## Name of Referee to Support Application

List the name and address of one person who will act as referee for this application. The referee cannot be a relative but could be the Principal of your daughter's pre-school or school, a sports coach or a music tutor.

Name:

Connection to your daughter:

Address:

Telephone:

## Declaration

I have read the Terms and Conditions of Enrolment supplied and as a condition of acceptance of the above student agree to abide by them.

Signed by **Mother:**

Full name:

Date:

Signed by **Father:**

Full name:

Date:

Please return the completed and signed application form to the College together with a copy of the student's:

- Birth Certificate if born in NZ**
- Non- Refundable Registration Fee**  
(Refer current fees schedule)

- Immunisation Certificate**
- Passport if born overseas**

### Return the completed application form to:

The Principal  
Queen Margaret College  
53 Hobson Street  
P.O. Box 12274  
Thorndon  
Wellington 6144  
New Zealand

### For further information please contact:

Telephone: +64 4 473 7160  
Email: enrolments.registrar@qmc.school.nz

[www.qmc.school.nz](http://www.qmc.school.nz)