

**GENERAL BROCK ELEMENTARY**  
4860 Main Street  
Vancouver, B.C. V5V 3R8  
Telephone : 604-713-5245

**2017 NOTICE OF LATE RETURN FORM**

This form is to be completed for any student expecting to return to school LATER THAN noon on **Tuesday, September 5, 2017** but prior to **September 29, 2017**.

**Please note: If, by 12:00PM on Wednesday, September 6<sup>th</sup>, 2017, the school cannot verify that your child will be in attendance by Friday, September 29, 2017, your child's space will be given to another student on the school's waitlist.**

The School Phone is \_\_\_\_\_ The School Fax is \_\_\_\_\_

**PLEASE PRINT**

Dear Principal:

My child(ren) will be attending \_\_\_\_\_ School for the 2017-2018 school year, but **will NOT be in attendance in the school before noon on Tuesday, September 5, 2017. Please reserve a space in your school for my child(ren).**

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2017)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2017)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2017)  
*Last Name First Name*

**The expected DATE OF RETURN for our child(ren) is** \_\_\_\_\_

**Reason for late return:** \_\_\_\_\_

**Please note: Space will not be held beyond September 29, 2017.**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone (F) \_\_\_\_\_

Fax: \_\_\_\_\_ Day Phone (M) \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

Alternate Contact/Phone Number or e-mail \_\_\_\_\_