



Edith Cavell Elementary School

500 West 20th Avenue, Vancouver, BC V5Z 1X7
Phone: (604) 713-4932 ♦ Fax: (604) 713-4934

May 2017

Please complete and return the form below for any student not expecting to return to school the first day of school, **Tuesday, September 05**, but returning prior to **Friday, September 29**. If the school cannot verify your child's attendance by noon on Wednesday, September 6 their space will be given to another student on the school's waitlist. You may want to retain this top portion for your reference. If you are attending a new school in September please inform **Cavell** of your move and advise the new school of your late return.

2017/2018 School Year: First day of school is **Tuesday, September 05, 2017**.

Natasha Miladinovic
Principal

✂ please detach and return to the Office

2017-2018 NOTICE OF LATE RETURN FORM (PLEASE PRINT)

My child(ren) will be attending **Cavell Elem.** for the **2017-2018** school year, but **will NOT be in attendance on the first day of school, Tuesday, September 5**. Please reserve a space in your school for my child(ren).

_____, in Grade _____ (September 2017)
Last Name First Name

_____, in Grade _____ (September 2017)
Last Name First Name

_____, in Grade _____ (September 2017)
Last Name First Name

The expected **DATE OF RETURN** to school 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: _____

Father's Email: _____ Mother's Email: _____

or Legal Guardian's Name _____ email _____

Address: _____

Home Phone: _____ Day Phone (F): _____

Fax: _____ Day Phone (M): _____

Date: _____ **Parent Signature:** _____

Alternate Contact/Phone Number or e-mail: _____