

# Charles Dickens Elementary School

1010 East 17<sup>th</sup> Avenue  
Vancouver, BC V5V 0A6  
Telephone: 604-713-4978  
Email: dickens.vsb.bc.ca

## 2018 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 4, 2018** but prior to **September 28, 2018**.

**Please note: If the school cannot verify your child's attendance at school by noon on Wednesday, September 5<sup>th</sup>, 2018, your child's space will be given to another student on the school's waitlist.**

### PLEASE PRINT

Dear Principal:

My child(ren) will be attending **Charles Dickens Elementary School** for the 2018-2019 school year, but **will NOT be in attendance in the school before noon on Tuesday, September 4, 2018. Please reserve a space in your school for my child(ren).**

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2018)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2018)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2018)  
*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 28, 2018.**

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 \_\_\_\_\_