



JOHN OLIVER SECONDARY SCHOOL

530 e. 41ST Avenue, Vancouver, BC V5W 1P3 Tel: (604) 713-8938 Fax: (604) 713-8937



2019 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 3, 2019** but prior to **September 30, 2019**.

Please note: If the school cannot verify your child's attendance at school by noon on Monday, September 9th, 2019, your child's space will be given to another student on the school's waitlist.

The School Phone is 604-713-8938

The School Fax is 604-713-8937

PLEASE PRINT

Dear Principal:

My child(ren) will be attending John Oliver Secondary School for the 2019-2020 school year, but **will NOT be in attendance in the school before noon on Tuesday, September 3, 2019. Please reserve a space in your school for my child(ren).**

_____, in Grade _____ (Sept. 2019)
Last Name First Name

_____, in Grade _____ (Sept. 2019)
Last Name First Name

_____, in Grade _____ (Sept. 2019)
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 30, 2019.

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 _____