

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**. Please return this form to the office/teacher by Monday June 25th, 2018

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

The School Phone is 604 713 5446

The School Fax is 604 713 5448

PLEASE PRINT

Dear Principal:

My child(ren) will be attending Kerrisdale 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 Wednesday September 5, 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 _____