



Killarney Secondary School

6454 Killarney Street * Vancouver, B.C. * V5S 2X7 * Phone: (604) 713-8950 * Fax: (604) 713-8949

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, 2016** but prior to **September 29, 2017**.

Please note: By noon on Monday, September 11th 2017, if the school cannot verify your child's intent to attend school on, or before, September 29th, 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 _____