



# Killarney Secondary School

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

## 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: By noon on Monday, September 10<sup>th</sup> 2018, if the school cannot verify your child's intent to attend school on, or before, September 28th, 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 \_\_\_\_\_ 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 \_\_\_\_ (09/18) Student # \_\_\_\_\_  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_ (09/18) Student # \_\_\_\_\_  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_ (09/18) Student # \_\_\_\_\_  
*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 \_\_\_\_\_