



# Sir Wilfrid Laurier Elementary School

7350 Laurel Street, Vancouver, BC V6P 3T9

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

**Please note: If, by 12:00PM on Wednesday, September 6<sup>th</sup>, 2017, the school cannot verify that your child will be in attendance by Friday, September 29, 2017, your child's space will be given to another student on the school's waitlist.**

The School Phone is 604-713-4925

Email: [laurier@vsb.bc.ca](mailto:laurier@vsb.bc.ca)

My child(ren) will be attending Sir Wilfrid Laurier Elementary 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).**

\_\_\_\_\_, Current Div. \_\_\_\_\_ in Grade \_\_\_\_\_ for Sept. 2017  
*Last Name First Name*

\_\_\_\_\_, Current Div. \_\_\_\_\_ in Grade \_\_\_\_\_ for Sept. 2017  
*Last Name First Name*

\_\_\_\_\_, Current Div. \_\_\_\_\_ in Grade \_\_\_\_\_ for 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.**

Mother's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**PLEASE RETURN TO THE SCHOOL BEFORE JUNE 23<sup>rd</sup>**