

Dr. A. R. Lord Elementary

555 Lillooet Street, Vancouver BC, V5K 4G4 604.713.4620

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 return this form to our office.*

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

The School Phone is 604-713-4620; The School Fax is 604-713-4622.

PLEASE PRINT

Dear Principal:

My child(ren) will be attending Dr. A. R. Lord 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).**

_____, 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.

Mother's Name: _____ Father's Name: _____

Mother's Contact #: _____ Father's Contact #: _____

Mother's email: _____ Father's email: _____

(If any) Alternate Contact person's Name & contact info: _____

Alternate Contact/Phone Number/e-mail: _____

Parent Signature: _____ Date: _____