



# MAGEE SECONDARY SCHOOL

6360 Maple Street  
Vancouver, B.C. V6M 4M2  
Telephone: 604-713-8200 Fax: 604-713-8209

## 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 11<sup>th</sup> 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 **604 713 8200**

The School Fax is **604 713 8209**

**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 \_\_\_\_\_