

QUEEN ELIZABETH ANNEX

2017/18 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 5th, 2017 but prior to September 29th, 2017.

Please note: If the school cannot verify your child's attendance at school by Wednesday, September 6th, 2017, your child's space may be given to another student on the school's waitlist.

PLEASE PRINT

Dear Mme Wells,

My child(ren) will be attending QUEEN ELIZABETH ANNEX for the 2017-18 school year, but will NOT be in attendance at the school before NOON on TUESDAY, SEPTEMBER 5th, 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 may not be held beyond September 29th, 2017.

Parent's Name: _____ Parent's Name: _____

or Legal Guardian Name: _____

Address: _____

Contact Phone: _____ or _____

Date: _____ Parent Signature _____

Alternate Contact/Phone number or email: _____