

LORD ROBERTS ELEMENTARY SCHOOL

1100 Bidwell Street
Vancouver, BC V6G 2K4
Main School Telephone: (604) 713-5055 Fax: (604) 713-5057
Annex Telephone: (604) 713-5495 Fax: (604) 713-5497



International Baccalaureate Middle years Program

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: If the school cannot verify your child's attendance at school by noon on Wednesday, September 5th, 2018, your child's space will be given to another student on the school's waitlist.

The School Phone is _____

The School Fax is _____

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 _____ (Sept. 2018)

Last Name *First Name*

_____, in Grade _____ (Sept. 2018)

Last Name *First Name*

_____, in Grade _____ (Sept. 2018)

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 _____