

École Laura Secord Elementary School

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 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.

The School Phone is 604-713-4996.

The School Fax is 604-713-4998.

PLEASE PRINT

Dear Principal Zerbe:

My child(ren) will be attending **École Laura Secord Elementary School** for the 2017-2018 school year, but **will NOT be in attendance in 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.

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 email: _____