SOUTHLANDS ELEMENTARY
5351 Camosun Street
Vancouver, BC V6N 2C4

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 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 will be given to another student on the school's waitlist.

The School Phone is 604-713-5414 The School Fax is 604-713-5416

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PLEASE PRINT

Dear Principal:

My child(ren) will be attending Southlands 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.

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 _____