

# 2024 NOTICE OF LATE RETURN FORM – Collingwood Elementary

This form is to be completed for any student expecting to return to school LATER THAN noon on **Friday, September 6<sup>th</sup>, 2024** - but prior to **Monday, September 30<sup>th</sup>, 2024**.

**Please note: If the school cannot verify your child's attendance at school by noon of Friday September 6<sup>th</sup>, 2024, your child's space will be given to another student on the school's waitlist.**

The School Phone number is 604 713 5340

The School Email is: studentrecordscollingwood @vsb.bc.ca

## **PLEASE PRINT**

Dear Principal:

My child(ren) will be attending \_\_\_\_\_ School for the 2024-2025 school year but **will NOT be in attendance in the school before noon on Friday September 6<sup>th</sup>, 2024**. Please reserve a space in your school for my child(ren).

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2024)  
*Last Name*                      *First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2024)  
*Last Name*                      *First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2024)  
*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 30<sup>th</sup>, 2024**

Parent's Name: \_\_\_\_\_

Or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone (M) \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Alternate Contact/Phone Number or e-mail \_\_\_\_\_