

## 2024 NOTICE OF LATE RETURN FORM

### Churchill Secondary School (PLEASE PRINT)

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

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

The School Phone is 604-713-8189

The School Email is churchill@vsb.bc.ca

Dear Principal:

My child(ren) will be attending Churchill Secondary School for the **2024-2025** school year but **will NOT be in attendance in the school before noon on Friday, September 6, 2024**. **Please reserve a space in your school for my child(ren).**

\_\_\_\_\_, Student # \_\_\_\_\_ in Gr\_\_\_\_\_ (Sept. 2024)  
*Last Name First Name*

\_\_\_\_\_, Student # \_\_\_\_\_ in Gr\_\_\_\_\_ (Sept. 2024)  
*Last Name First Name*

\_\_\_\_\_, Student # \_\_\_\_\_ in Gr\_\_\_\_\_ (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, 2024.**

Parent's Name or Legal Guardian's Name: \_\_\_\_\_

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

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

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

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

Alternate Contact Name & relationship \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_