



GRAHAM BRUCE ELEMENTARY SCHOOL

NOTICE OF LATE RETURN FORM

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 Wednesday, September 4, 2024, your child's space will be given to another student on the school's waitlist.

The School Phone Number is: 604-713-4778

The School Email is bruce@vsb.bc.ca

PLEASE PRINT

Dear Principal,

My child(ren) will be attending Graham Bruce Elementary School for the 2024 - 2025 school year but **will NOT be in attendance in the school before noon on Wednesday, September 4, 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, 2024.

Parent's Name or Legal Guardians Name: _____

Address: _____

Home Phone: _____ Day Phone (F): _____

Day Phone (M): _____

DATE: _____ **Parent Signature:** _____

Alternate Contact & Phone Number or e-mail: _____