



Kitsilano Secondary School

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2025 NOTICE OF LATE RETURN FORM – Secondary (PLEASE PRINT)

This form is to be completed for any student expecting to return to school **LATER THAN** noon on **Friday, September 5, 2025**, but prior to **Monday, September 29, 2025**.

Please note: If the school cannot verify your child's attendance at school by noon on Friday September 5, 2025, your child's space will be given to another student on the school's waitlist.

The School Phone is _____ The School Email is _____

Dear Principal:

My child(ren) will be attending _____ School for the **2025-2026** school year but **will NOT be in attendance in the school before noon on Friday, September 5, 2025. Please reserve a space in your school for my child(ren).**

_____, in Grade _____ (Sept. 2025)
Last Name First Name

_____, in Grade _____ (Sept. 2025)
Last Name First Name

_____, in Grade _____ (Sept. 2025)
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, 2025.

Parent's Name or Legal Guardian's Name: _____

Address: _____

Home Phone: _____ Day Phone (F) _____

Day Phone (M) _____

Date: _____ **Parent Signature:** _____

Alternate Contact/Phone Number or e-mail _____