



**SIR CHARLES TUPPER SECONDARY SCHOOL**

419 East 24th Avenue, Vancouver, B.C. V5V 2A2

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**2024 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 Friday September 6, 2024, 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 **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).**

\_\_\_\_\_, 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 Guardian's Name: \_\_\_\_\_

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

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

Day Phone (M) \_\_\_\_\_

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

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