

Killarney Secondary School

6454 Killarney Street * Vancouver, B.C. * V5S 2X7 * Phone: (604) 713-8950 * Fax: (604) 713-8949

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 8, 2023** but prior to **Friday, September 29, 2023**.

Please note: If the school cannot verify your child's attendance at school by noon on Friday September 8, 2023, your child's space will be given to another student on the school's waitlist.

PLEASE PRINT

Dear Principal:

My child(ren) will be attending Killarney Secondary School for the 2023-2024 school year, but will NOT be in attendance in the school before noon on Friday, September 8, 2023. Please reserve a space in your school for my child(ren).

		, in Grade (Sept) Student #	
Last Name	First Name		
		, in Grade (Sept) Student #	
Last Name	First Name		
		, in Grade (Sept) Student #	
Last Name	First Name		
The expected DATE	OF RETURN for our child	(ren) is	-
Reason for late retur	n:		
Please note: Space	will not be held beyond S	eptember 29, 2023.	
Parent's Name:			
Or Legal Guardian's N	ame:		
Address:			
Home Phone:		Day Phone (F)	
Fax:		Day Phone (M)	
Date:		Parent Signature:	
Alternate Contact/Pho	ne Number or e-mail		