2024 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 6, 2024, but prior to Monday, September 30, 2024.

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

The School Email is klrnabsences@vsb.bc.ca

Dear Principal:			
year but will NOT be	e in attendance in th	econdary School for the 2024-2025 school se school before noon on Friday, eace 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 retu	ırn:		
Please note: Space	will not be held bey	ond September 30, 2024.	
Parent's Name or Le	gal Guardian's Name:		
Address:			-
Home Phone:		Day Phone (F)	
Day Phone (M)			
Date:	Parent S	Signature:	
Alternate Contact/Ph	one Number or e-ma	il	