



# KILLARNEY SECONDARY SCHOOL

6454 Killarney Street, Vancouver, B.C. V5S 2X7 \* Ph: 604-713-8950 \* Web: Killarney.vsb.bc.ca

## 2026 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 11, 2026**, but prior to **Tuesday, September 29, 2026**.

**Please note: If the school cannot verify your child's attendance at school by noon on Friday September 11, 2026 your child's space will be given to another student on the school's waitlist.**

The School Email is [killarney@vsb.bc.ca](mailto:killarney@vsb.bc.ca).

Dear Principal:

My child(ren) will be attending **KILLARNEY SECONDARY** School for the **2026-2027** school year but **will NOT be in attendance in the school before noon on Friday, September 11, 2026**. Please reserve a space in your school for my child(ren).

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2026)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2026)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2026)  
*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 29, 2026.**

Parent's Name or Legal Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Day Phone (Guardian 1) \_\_\_\_\_

Day Phone (Guardian 2) \_\_\_\_\_

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

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