

## 2019 NOTICE OF LATE RETURN FORM

This form is to be completed for any student expecting to return to school LATER THAN noon on **Tuesday, September 3, 2019** but prior to **September 27, 2019**. Please return this form to the office/teacher by Monday June 24<sup>th</sup>, 2019

**Please note: If the school cannot verify your child's attendance at school by noon on Wednesday, September 4<sup>th</sup>, 2019, your child's space will be given to another student on the school's waitlist.**

The School Phone is 604 713 5446

The School Fax is 604 713 5448

### **PLEASE PRINT**

Dear Principal:

My child(ren) will be attending Kerrisdale Elementary School for the 2019-2020 school year, but **will NOT be in attendance in the school before noon on Tuesday, September 3, 2019**. **Please reserve a space in your school for my child(ren).**

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2019)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2019)  
*Last Name First Name*

\_\_\_\_\_, in Grade \_\_\_\_\_ (Sept. 2019)  
*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 Friday September 27, 2019.**

Parent's Name: \_\_\_\_\_

Or Legal Guardian's Name: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_ Day Phone (M) \_\_\_\_\_

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

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