

# Dr. A. R. Lord Elementary School

555 Lillooet St Vancouver, BC V5K 4G4

Tel: 604-713-4620 Fax: 604-713-4622

## 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 30, 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.**

### PLEASE PRINT

Dear Principal:

My child(ren) will be attending \_\_\_\_\_ 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 September 30, 2019.**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Contact #: \_\_\_\_\_ Father's Contact #: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

(If any) Alternate Contact person's Name & contact info: \_\_\_\_\_

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