



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 **Thursday, September 10, 2020** but prior to **September 30, 2020**

Please note: By noon on Thursday, September 10, 2020, if the school cannot verify your child's intent to attend school on, or before, September 30th, 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 2020-2021 school year, but **will NOT be in attendance in the school before noon on Thursday, September 30, 2020. 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 return: _____

Please note: Space will not be held beyond September 30, 2020.

Father's Name: _____ Mother'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 _____