

Windham Ridge Public School 32 Red Cardinal Trail, Richmond Hill ON L4E 3Y4

Tel.: 905-773-5443 Fax: 905-773-3451

Notification of Expected Return to School

Dear Parents:	Date:	
Students who will be returning to school after a period of vacation will be required to comply with the following process to confirm their space in their home school. Please complete the attached form indicating the expected dates of absence. Contact with the school <u>must</u> be made on the 15 th day of absence, and every 15 days after that.		
Given current accommodation issues and Ministry of Education class size caps, parents/guardians who do not respond through this ongoing communication format may be required to have their child(ren) attend school at an alternate location which can accommodate them. If you require further information or clarification, please contact the school.		
Sandy Kofalvi		
Principal		
Student Name:		
Student ID#:		
The above student will be absent from school for more than	15 days with parent/guardian permission.	
Expected dates to be absent: to		
Notification indicating that the student will be returning mu of absence and every 15 days after that.	ast be sent to the school on the thirtieth day	



Date	Signature of Parent/Guardian
	Windham Ridge Public School 32 Red Cardinal Trail, Richmond Hill ON L4E 3Y4 Tel.: 905-773-5443 Fax: 905-773-3451
Notifi	cation of Expected Return to School
Date:	
Student Name:	
School:	
First Date of Absence:	
The above named student will be re	eturning to school on:
Signature of Parent/Guardian	

