

**NOTIFICATION FORM** 

1	0	Academy	, Way	Kalowna	RC.	\/1\/ 3\	1
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	info@aberdeenhall.com
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your child's file. If y	· · · · · · · · · · · · · · · · · · ·	by someo	ne else c	ther than	the pers	ease complete the form below. The form will be kep rson noted on their file, please provide the name of	
Child's Name:		6	Grade:	Hom	neroom 1	Teacher:	
Early Pick Up	Day(s) of Week: M	Tu	W	Th	F	Time:	
Late Drop Off	Day(s) of Week: M	Tu	W	Th	F	Time:	
Start Date:	End	l Date:					
Additional Authoriz	red Person for Pick Up / Dro	op Off:				Contact Number:	
phone or in perso Parents / Guardian	n just prior to the student	t's depart n Senior I	ture in or Hall (Gra	der for th	ne stude only) mi	nust ensure they meet the student at either the	by
This information v	vill be used by the school	l to track	absence	es.			
Parent / Legal Gua	rdian Signature:				Date:_	:	