



REPUBLIC OF CYPRUS
MINISTRY OF EDUCATION
SPORT AND YOUTH

YPAN DDE 02A

DEPARTMENT
OF PRIMARY EDUCATION

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL

TELEPHONE NUMBER

E-MAIL

SCHOOL YEAR

PUPIL'S ABSENCE SLIP

Headteacher,

I would like to inform you that my child was absent from school and that his/her absence(s) be considered justified due to the reasons reported below.

1. PUPIL'S FULL NAME:

CLASS:

CLASS TEACHER'S FULL NAME:

2. DATE(S) OF ABSENCE(S)

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3. REASON FOR ABSENCE(S)

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.....
.....

4. I ATTACH RELEVANT DOCUMENTS (e.g., medical certificate, medical report) /

I DO NOT ATTACH RELEVANT DOCUMENTS *(Please delete accordingly.)*

Sincerely,

Parent/Guardian's name:

Mobile telephone number:

Signature:

Date: