



REPUBLIC OF CYPRUS  
MINISTRY OF EDUCATION  
SPORT AND YOUTH

YPAN DDE 02C

DEPARTMENT  
OF PRIMARY EDUCATION

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL .....

TELEPHONE NUMBER .....

E-MAIL .....

SCHOOL YEAR .....

### PUPIL'S LATE ARRIVAL SLIP

1. PUPIL'S FULL NAME: .....

CLASS: .....

CLASS TEACHER'S FULL NAME: .....

2. DATE AND TIME OF ARRIVAL:

.....

3. REASON FOR LATE ARRIVAL:

.....

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4. ADULT WHO DELIVERED THE PUPIL TO SCHOOL:

.....

RELATIONSHIP TO THE PUPIL: .....

MOBILE TELEPHONE NUMBER: .....

DATE: ..... TIME: .....

SIGNATURE: .....