



REPUBLIC OF CYPRUS  
**MINISTRY OF EDUCATION  
 SPORT AND YOUTH**

**YPAN DDE 02A**

**DEPARTMENT  
 OF PRIMARY EDUCATION**

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

**TELEPHONE NUMBER** ..... **FAX NUMBER** .....

**SCHOOL YEAR** .....

**PUPIL'S ABSENCE SLIP**

Headteacher,

I would like to inform you that my child will be absent /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)**  
 .....  
 .....

**3. REASON FOR ABSENCE(S)**  
 .....  
 .....  
 .....  
 .....

**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: .....