

**YPAN DDE 02C**

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| REPUBLIC OF CYPRUS  **MINISTRY OF EDUCATION**  **SPORT AND YOUTH** |  | **DEPARTMENT**  **OF PRIMARY EDUCATION** |

**primary/ PRE-PRIMARY / SPECIAL SCHOOL** ……………………………………………………………………

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

**SCHOOL YEAR** ………..……………

**PUPIL’S LATE ARRIVAL SLIP**

1. **PUPIL’S FULL NAME:** ………………………………………………………………………..….………………..

**CLASS:** ……………………….……

**CLASS TEACHER’S FULL NAME:** ………………………………………………….…………………………..

1. **DATE AND TIME OF ARRIVAL:**

……………………………………………………………………………………………………………………....

1. **REASON FOR LATE ARRIVAL:**

*…………………………………………………..….…..………………………….………………………………....*

*……………………………………………………...………………………………………………………………....*

1. **ADULT WHO DELIVERED THE PUPIL TO SCHOOL:**

*…………………………………………………………………………………………………….…………………....*

**RELATIONSHIP TO THE PUPIL:** ……………………….…………...…………………………………………..

**MOBILE TELEPHONE NUMBER:** …………...………………….……………………………………………….

**DATE:** ………………………..………………..… **TIME:** …………….………………..……………….

**SIGNATURE:** ………………………………..………….....………………………………………………………..