



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

YPAN DDE 02A

**DEPARTMENT
 OF PRIMARY EDUCATION**

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL IA (KA) - TSIREIO

TELEPHONE NUMBER 25692670 FAX NUMBER 25692675

SCHOOL YEAR 2024-25

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: