



REPUBLIC OF CYPRUS  
MINISTRY OF EDUCATION  
SPORT AND YOUTH

YPAN DDE 02A

DEPARTMENT  
OF PRIMARY EDUCATION

PRIMARY SCHOOL KAIMAKLI C' (KA)

TELEPHONE NUMBER 22877768 FAX NUMBER 22877788

SCHOOL YEAR 2024 - 2025

**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: .....