



REPUBLIC OF CYPRUS  
MINISTRY OF EDUCATION  
SPORT AND YOUTH

YPAN DDE 02C

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: .....

2. DATE AND TIME OF ARRIVAL:

.....

3. REASON FOR LATE ARRIVAL:

.....

.....

4. ADULT WHO DELIVERED THE PUPIL TO SCHOOL:

.....

RELATIONSHIP TO THE PUPIL: .....

MOBILE TELEPHONE NUMBER: .....

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

SIGNATURE: .....