

**YPAN DDE 02B**

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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 LEAVE PERMIT**

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

**CLASS:** ……………………….……

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

1. **DATE AND TIME (PERIOD OF ABSENCE):**

…………………………………………………………………………………………………………………………

1. **PURPOSE OF ABSENCE(S):** *(Please complete accordingly.)*

*Accident*

*Health reasons*

*Other:* .....................................................................................................................................................................

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1. **AUTHORISED ADULT COLLECTING THE PUPIL:** …………………………………...………………………...……………………………………….…………………

*(Only adults who have been stated on the relevant form are allowed to collect the child.)*

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

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

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

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