



REPUBLIC OF CYPRUS
MINISTRY OF EDUCATION
SPORT AND YOUTH

YPAN DDE 02B

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:

2. DATE AND TIME (PERIOD OF ABSENCE):
.....

3. PURPOSE OF ABSENCE(S): *(Please complete accordingly.)*
Accident
Health reasons
Other:
.....
.....

4. 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: