



REPUBLIC OF CYPRUS
MINISTRY OF EDUCATION
SPORT AND YOUTH

YPAN DDE 02B

DEPARTMENT
OF PRIMARY EDUCATION

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL

TELEPHONE NUMBER

E-MAIL

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:

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(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: