

**YPAN DDE 02A**

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| REPUBLIC OF CYPRUS**MINISTRY OF EDUCATION****SPORT AND YOUTH** |  | **DEPARTMENT** **OF PRIMARY EDUCATION** |

**primary SCHOOL PEFKIOS GEORGIADIS**

**TELEPHONE NUMBER 22871503**  **FAX NUMBER 22316092**

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

1. **DATE(S) OF ABSENCE(S)**

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1. **REASON FOR ABSENCE(S)**

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1. **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: ………………………….…