



REPUBLIC OF CYPRUS
MINISTRY OF EDUCATION
SPORT AND YOUTH

YPAN DDE 02C

DEPARTMENT
OF PRIMARY EDUCATION

PRIMARY/ PRE-PRIMARY / SPECIAL SCHOOL

TELEPHONE NUMBER

E-MAIL

SCHOOL YEAR

PUPIL'S LATE ARRIVAL SLIP

1. PUPIL'S FULL NAME:

CLASS:

CLASS TEACHER'S FULL NAME:

2. DATE AND TIME OF ARRIVAL:

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4. ADULT WHO DELIVERED THE PUPIL TO SCHOOL:

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RELATIONSHIP TO THE PUPIL:

MOBILE TELEPHONE NUMBER:

DATE: TIME:

SIGNATURE: