Wes-Kaap
Onderwysdepartement
C Abrahams
Direktoraat: Eksamenadministrasie
Colleen.Abrahams@westerncape.gov.za | 021 467 2915

SUBMIT WITH THE CLAIM FORM **ANNEXURE G**

REGISTER OF ATTENDANCE

NAME OF SCHOOL: _____

EXAMINATION PERIOD: _____

DATE	SUBJECT	SESSION	NAME OF INVIGILATOR	TIME IN	TIME OUT	SIGNATURE

I, _____,(name) the principal of the above-mentioned school, hereby certify that the information is correct, and that the community members perform invigilating duties.

…… ……

PRINCIPAL SENIOR INVIGILATOR