Western Cape Education Department
Colleen Abrahams
Directorate: Examinations Administration
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ANNEXURE G

REGISTER OF ATTENDANCE (Submit with the claim form.)

NAME OF SCHOOL: _____

EXAMINATION PERIOD:_____

DATE	SUBJECT	SESSION	NAME OF INVIGILATOR	TIME IN	TIME OUT	SIGNATURE

I, _____,(name) the principal of the abovementioned school, hereby certify that the information is correct, and that the community members performed invigilation duties.

…… ……

PRINCIPAL SENIOR INVIGILATOR