LISTA OBECNOŚCI - SPOTKANIA Z RODZICAMI

KLASA: ……………………………………

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| Lp. | Nazwisko i imię uczennicy/ucznia | Czytelny podpis rodzica / prawnego opiekuna | | | | | | |
| Data;………… | Data;………… | Data;………… | Data;………… | Data;………… | Data;………… | Data;………… |
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