

**LISTA OBECNOŚCI**

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nazwisko i imię

01.....2021	02.....2021	03.....2021
04.....2021	05.....2021	06.....2021
07.....2021	08.....2021	09.....2021
10.....2021	11.....2021	12.....2021
13.....2021	14.....2021	15.....2021
16.....2021	17.....2021	18.....2021
19.....2021	20.....2021	21.....2021
22.....2021	23.....2021	24.....2021
25.....2021	26.....2021	27.....2021
28.....2021	29.....2021	30.....2021
31.....2021		

Data i czytelny podpis kierownika placówki