**Fehlzeitendokumentation bei Schulpflichtverstößen**

Stempel der Schule

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| **Name der Schülerin/des Schülers:** |  | **Fehltage:** |  | **Unentschuldigte Fehltage:** |  | **Schuljahr:** |  |

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| **August** | | | | **September** | | | | **Oktober** | | | | **November** | | | | **Dezember** | | | | **Januar** | | | |
| Tag | FT | E | UE | Tag | FT | E | UE | Tag | FT | E | UE | Tag | FT | E | UE | Tag | FT | E | UE | Tag | FT | E | UE |
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| Unterschrift Klassenlehrer\*in: |  | Unterschrift Schulleiter\*in: |  |

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