**Berufsorientierungsmaßnahmen**

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| Projektbezeichnung: | Beginn:  | Ende:  |
| Projektnummer:  | Schule/Schulform: |

# Teilnehmerliste

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|  | Name | Vorname  | Alter  | weibl. | männl. | Wohnort | Klasse | Vollständige Anwesenheit (ankreuzen) | Fehlzeiten (bitte angeben) |
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