**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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