## LVA/CC MONTHLY STUDENT ATTENDANCE FORM

Tutor name:																					_								_ , -	20				
Enter # of class hours in bo																							Month								ear			
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Student signature		Date	е		Student signature								Date				Student signatur						re Date				Student signature						D	ate
S	tudent signature	Date Student signature							ure		Da	te	-	-	Student signature						<del></del>	Date Stu				ude	ident signature					ate		
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Meeting place:																																		
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Send completed form at the end of the month to:

LVA/CC, Camden County Library, 203 Laurel Road, Voorhees, NJ 08043