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| Name | Geburtsdatum | Klasse |
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|  | Attestpflicht seit: |
|  | Schulärztliche Attestpflicht seit: |
|  | Schulzwang seit: |

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| --- | --- | --- |
| Kontaktperson Name |  | Telefonnummer |
|  | Erziehungsberechtigte |  |
|  | BSA |  |
|  | AEH |  |
|  | Polizei |  |
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| Besonderheiten: |
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| Datum | Ordnungs-  maßnahme | Abwesenheit | | | Beobachtungen, Kontakte |
| Erz.ber. | Attest | Schul-ärztl. Attest |
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