Western Cape Government

Western Cape Education Department
**Margaret Janda**
Directorate: Examinations Administration
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**ANNEXURE G**

## SUBMIT WITH THE CLAIM FORM

## REGISTER OF ATTENDANCE

**NAME OF SCHOOL:** _____

**EXAMINATION PERIOD:**_____

| DATE | SUBJECT | SESSION | NAME OF INVIGILATOR | TIME IN | TIME OUT | SIGNATURE |
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I, _____,(name) the principal of the above-mentioned school, hereby certify that the information is correct, and that the community members performed invigilating duties.

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PRINCIPAL SENIOR INVIGILATOR