

ADULT LITERACY PROGRAM

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ESoL Class Attendance Sheet

								TUTOR NAME:				PHONE:		
CLASS NAME:			BRARY:			TUTOR NAME:				PHONE:				
CLASS LEVEL: (Please select one) Beginner Intermediate			Advanced						LENGTH OF CLASS: 1 Hour 1.5 Hour			s 2 Hours		
DATES														
STUDENT NAME	STUDENT PHONE													