

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
no	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
1	Botha Liam	60	W	W	W						W	W						W	W						W	W						W	W			✓	
2	Chabata Aliyah	61	W	W	W						W	W						W	W						W	W						W	W			✓	
3	Chiloane Zanoxolo	61	W	W	W						W	W						W	W						W	W						W	W			✓	
4	Credo Mashaba	60	W	W	W						W	W						W	W						W	W						W	W				
5	Devese Kairo	60	W	W	W						W	W						W	W						W	W						W	W				✓
6	Dibakwane Bokang	60	W	W	W						W	W						W	W						W	W						W	W			✓	
7	Dlamini Sithelakuhla	60	W	W	W						W	W						W	W						W	W						W	W			✓	
8	Dube Anele	60	W	W	W						W	W						W	W						W	W						W	W			✓	
9	Dube Junior	59	W	W	W						W	W						W	W						W	W						W	W			✓	
10	Dube Zanokuhle		W	W	W						W	W						W	W						W	W						W	W				✓
11	Fakude Lethothuhle	58	W	W	W						W	W						W	W						W	W						W	W				✓
12	Fakude Simthandile	61	W	W	W						W	W						W	W						W	W						W	W			✓	
13	Fankomo Lazoya	60	W	W	W						W	W						W	W						W	W						W	W			✓	
14	Hobyane Mikhenso	58	W	W	W						W	W						W	W						W	W						W	W				✓
15	Kgoedi Melokuhle	61	W	W	W						W	W						W	W						W	W						W	W			✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
16	Khoza Justice	57	W	W	W						W	W						W	W						W	W						W	W			✓	
17	Khoza Sbhongokuhle	60	W	W	W						W	W						W	W						W	W						W	W			✓	
18	Khumalo Fion	60	W	W	W						W	W						W	W						W	W						W	W			✓	
19	Khumalo Pelliah	60	W	W	W						W	W						W	W						W	W						W	W			✓	
20	Kiara Sanderson	62	W	W	W						W	W						W	W						W	W						W	W				✓
21	Lamula Kgdoso	60	W	W	W						W	W						W	W						W	W						W	W				✓
22	Lawrence Abby	60	W	W	W						W	W						W	W						W	W						W	W				✓
23	Lawrence Taydén	60	W	W	W						W	W						W	W						W	W						W	W			✓	
24	Lekhuleni Monde	61	W	W	W						W	W						W	W						W	W						W	W				✓
25	Lekhuleni Sanele	61	W	W	W						W	W						W	W						W	W						W	W			✓	
26	Letshane Bothlale	60	W	W	W						W	W						W	W						W	W						W	W			✓	
27	Leyane Sphiwosethu	59	W	W	W						W	W						W	W						W	W						W	W				✓
28	Liyam Sanderson	60	W	W	W						W	W						W	W						W	W						W	W			✓	
29	Lubisi Favour	60	W	W	W						W	W						W	W						W	W						W	W			✓	
30	Mabila Ubenami	58	W	W	W						W	W						W	W						W	W						W	W			✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

SCHOOL NAME: Beller Creche & Pre-School			MONTH: January				YEAR: 2023				QUARTER: 1				WARD: 1						SUBSIDISED (X OR ✓)																
			DAYS OF THE MONTH																															DAYS	DAYS		
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
31	Mabuza Kwandokuhle	61	W	W	W						W	W						W	W						W	W						W	W			✓	
32	Mahatlani Wakwetsima	61	W	W	W						W	W						W	W						W	W						W	W			✓	
33	Maila Lisa	58	W	W	W						W	W						W	W						W	W						W	W			✓	
34	Makola Boikano	60	W	W	W						W	W						W	W						W	W						W	W			✓	
35	Makwela Charisma	60	W	W	W						W	W						W	W						W	W						W	W			✓	
36	Malete Nkazimulo	61	W	W	W						W	W						W	W						W	W						W	W				✓
37	Malope Lerumo	60	W	W	W						W	W						W	W						W	W						W	W			✓	
38	Maluleke Enelo	60	W	W	W						W	W						W	W						W	W						W	W				✓
39	Maluleke Gendo	57	W	W	W						W	W						W	W						W	W						W	W				✓
40	Malumane Hlelokuhle	61	W	W	W						W	W						W	W						W	W						W	W				✓
41	Manhique Keitumetsi	60	W	W	W						W	W						W	W						W	W						W	W				✓
42	Manzini Andzani	61	W	W	W						W	W						W	W						W	W						W	W				✓
43	Maphanga Dumisile	61	W	W	W						W	W						W	W						W	W						W	W				✓
44	Marula Bokamosa	61	W	W	W						W	W						W	W						W	W						W	W			✓	
45	Maseko Onalerona	60	W	W	W						W	W						W	W						W	W						W	W			✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

[illegible]

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

PRINCIPAL

TREASURER

DATE _____

DATE _____

DATE _____

DEPARTMENTAL REPRESENTATIVE:

DATE: _____

PRESENT

ABSENT

WEEKEND

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

ED NAME: Deller Creche & Pre-School			MONTH: January										YEAR: 2023										QUARTER: 1										WARD:		SUBSIDISED				
			DAYS OF THE MONTH																															DAYS	DAYS	(X OR ✓)			
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO		
61	Mchulu Rhulane	60	W	W	W						W	W						W	W						W	W						W	W				✓		
62	Mdluli Ayama	60	W	W	W						W	W						W	W						W	W						W	W				✓		
63	Mdluli Kayton		W	W	W						W	W						W	W						W	W						W	W					✓	
64	Mdluli Mpho		W	W	W						W	W						W	W						W	W						W	W					✓	
65	Mdluli Olwethu	59	W	W	W						W	W						W	W						W	W						W	W				✓		
66	Methula Ayama	59	W	W	W						W	W						W	W						W	W						W	W				✓		
67	Mgiba Nsika	60	W	W	W						W	W						W	W						W	W						W	W				✓		
68	Mgibe Tshego	61	W	W	W						W	W						W	W						W	W						W	W					✓	
69	Mgwenya Bayandile	60	W	W	W						W	W						W	W						W	W						W	W				✓		
70	Mgwenya Mellod	61	W	W	W						W	W						W	W						W	W						W	W				✓		
71	Mgwenya Nonhle	62	W	W	W						W	W						W	W						W	W						W	W					✓	
72	Mgwenya Smamukele	61	W	W	W						W	W						W	W						W	W						W	W					✓	
73	Mhaule Langelihle	61	W	W	W						W	W						W	W						W	W						W	W					✓	
74	Mhlaba Brianna	60	W	W	W						W	W						W	W						W	W						W	W				✓		
75	Mhlanga Marquisa	58	W	W	W						W	W						W	W						W	W						W	W					✓	
TOTAL NUMBER OF CHILDREN PRESENT																																							
TOTAL NUMBER OF CHILDREN ABSENT																																							

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

SCHOOL NAME: Beller Creche & Pre-School			MONTH: January										YEAR: 2023										QUARTER: 1										WARD: 1			SUBSIDISED		
			DAYS OF THE MONTH																															DAYS	DAYS	(X OR ✓)		
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO	
76	Milazi Wandile	60	W	W	W						W	W						W	W						W	W						W	W					✓
77	Mkhabela Sphokuhle	60	W	W	W						W	W						W	W						W	W						W	W				✓	
78	Mkhabela Tirani	60	W	W	W						W	W						W	W						W	W						W	W				✓	
79	Mkhabela Tiyani	61	W	W	W						W	W						W	W						W	W						W	W				✓	
80	Mkhantswa Langelihle	58	W	W	W						W	W						W	W						W	W						W	W				✓	
81	Mkhomazi Langelihle	60	W	W	W						W	W						W	W						W	W						W	W				✓	
82	Mkhondo Lethabo	61	W	W	W						W	W						W	W						W	W						W	W				✓	
83	Mkhonto Oarabile	61	W	W	W						W	W						W	W						W	W						W	W				✓	
84	Mkhonto Tlotliso	57	W	W	W						W	W						W	W						W	W						W	W				✓	
85	Mkhonto Vernon	59	W	W	W						W	W						W	W						W	W						W	W				✓	
86	Mlombo Elami	60	W	W	W						W	W						W	W						W	W						W	W				✓	
87	Mndawe Nhlanhlayethu		W	W	W						W	W						W	W						W	W						W	W				✓	
88	Mndawe Stsandiwe	61	W	W	W						W	W						W	W						W	W						W	W				✓	
89	Mnisi Aphiwe	58	W	W	W						W	W						W	W						W	W						W	W				✓	
90	Mnisi Khwezikazi	58	W	W	W						W	W						W	W						W	W						W	W				✓	
TOTAL NUMBER OF CHILDREN PRESENT																																						
TOTAL NUMBER OF CHILDREN ABSENT																																						

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

PRINCIPAL

TREASURER

DATE _____

DATE _____

DATE _____

DEPARTMENTAL REPRESENTATIVE:

DATE: _____

PRESENT

ABSENT

WEEKEND

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
	Mona Hlelo	61	W	W	W						W	W						W	W						W	W						W	W			✓	
	Mona Langaletu	61	W	W	W						W	W						W	W						W	W						W	W			✓	
	Mona Lwando	61	W	W	W						W	W						W	W						W	W						W	W				✓
	Mona Melokuhle	59	W	W	W						W	W						W	W						W	W						W	W				✓
	Mona Mpendulo	61	W	W	W						W	W						W	W						W	W						W	W			✓	
	Monareng Ziyanda		W	W	W						W	W						W	W						W	W						W	W				✓
	Morena Kgoshi	58	W	W	W						W	W						W	W						W	W						W	W				✓
	Moyana Nkazimulo	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Msimango Bohlale	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Msimango Kamogelo	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Nake Amanhle	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Nake Rorisang	61	W	W	W						W	W						W	W						W	W						W	W				✓
	Ndhlakude Botshelo	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Ndhlovu Quinton		W	W	W						W	W						W	W						W	W						W	W				✓
	Ndlovu Ayabonga	61	W	W	W						W	W						W	W						W	W						W	W			✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON
DATE

PRINCIPAL
DATE

TREASURER
DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
	Ngobe William	59	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngobe Zanenkosi	60	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngobeni Clade	59	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngobeni Clayde	59	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngomane Linhle	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Ngomane Phiwokuhle	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Ngomane Zanothando	61	W	W	W						W	W						W	W						W	W						W	W			✓	
	Ngungu Lennon	58	W	W	W						W	W						W	W						W	W						W	W			✓	
	Ngwenya Liam	60	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngwenya Mvelo	60	W	W	W						W	W						W	W						W	W						W	W				✓
	Ngwenya Terrian	60	W	W	W						W	W						W	W						W	W						W	W				✓
	Nkambule Minenhle	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Nkosi Enzokuhle	61	W	W	W						W	W						W	W						W	W						W	W			✓	
	Nkosi Lebone Pearl	60	W	W	W						W	W						W	W						W	W						W	W			✓	
	Nkosi Sinokuhle	61	W	W	W						W	W						W	W						W	W						W	W				✓
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)				
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO			
	Nkosi Snakekelo	61	W	W	W						W	W						W	W						W	W						W	W				✓			
	Nkosi Zanoluhle	60	W	W	W						W	W						W	W						W	W						W	W				✓			
	Nkuna Asiphe	61	W	W	W						W	W						W	W						W	W						W	W				✓			
	Nkuna Karabo	61	W	W	W						W	W						W	W						W	W						W	W					✓		
	Nobunga Amara	60	W	W	W						W	W						W	W						W	W						W	W					✓		
	Nonyane Nkhosikhona	60	W	W	W						W	W						W	W						W	W						W	W				✓			
	Nonyane Ocean	60	W	W	W						W	W						W	W						W	W						W	W					✓		
	Ntimba Tumi	61	W	W	W						W	W						W	W						W	W						W	W					✓		
	Nyathikazi Charisma	61	W	W	W						W	W						W	W						W	W						W	W					✓		
	Nyundu Happiness	61	W	W	W						W	W						W	W						W	W						W	W				✓			
	Ramashia Kingsly	61	W	W	W						W	W						W	W						W	W						W	W					✓		
	Roberto Itel	61	W	W	W						W	W						W	W						W	W						W	W						✓	
	Sambo Sphokazi	61	W	W	W						W	W						W	W						W	W						W	W					✓		
	Sedibe Melisa	60	W	W	W						W	W						W	W						W	W						W	W						✓	
	Sengwane Babongile	60	W	W	W						W	W						W	W						W	W						W	W					✓		
TOTAL NUMBER OF CHILDREN PRESENT																																								
TOTAL NUMBER OF CHILDREN ABSENT																																								

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2083

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED		
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO	
	Sengwayo Hlelolwakhe	60	W	W	W						W	W						W	W						W	W						W	W				✓	
	Shabangu Bonolo	61	W	W	W						W	W						W	W						W	W						W	W				✓	
	Shabangu Kgopotso	61	W	W	W						W	W						W	W						W	W						W	W				✓	
	Shabangu Muhluri	61	W	W	W						W	W						W	W						W	W						W	W				✓	
	Shikaya Lihle	61	W	W	W						W	W						W	W						W	W						W	W					✓
	Shongwe Lwandile	59	W	W	W						W	W						W	W						W	W						W	W				✓	
	Sibiya Alwande	61	W	W	W						W	W						W	W						W	W						W	W					✓
	Sibiya Ziyanda	59	W	W	W						W	W						W	W						W	W						W	W				✓	
	Sono Onalerona	60	W	W	W						W	W						W	W						W	W						W	W					✓
	Sundlhane Ntsako	61	W	W	W						W	W						W	W						W	W						W	W					✓
	Thabethe Angel	61	W	W	W						W	W						W	W						W	W						W	W					✓
	Thagane Banele		W	W	W						W	W						W	W						W	W						W	W					✓
	Theko Minenhle	61	W	W	W						W	W						W	W						W	W						W	W				✓	
	Vandhla Sky	57	W	W	W						W	W						W	W						W	W						W	W					✓
	Vilakazi Cobolwakhe	59	W	W	W						W	W						W	W						W	W						W	W					✓
TOTAL NUMBER OF CHILDREN PRESENT																																						
TOTAL NUMBER OF CHILDREN ABSENT																																						

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____