## Certificate of Attendance

Student's Name :			
Date of Birth :			
This is to certify that the above-menti	ioned person w	as a full-time	registered stude
at our school from	to _		
(Month/Day/Year	r)	(Month	n/Day/Year)
He or She has completed Grades	,	and	·
(E <sub>X</sub> :(	Grades 7,8 and 9)		
(Principal's Signature)	(Date)		
(Principal's Name)			
(School Name)			
(School Address/Country)			
(School Phone/Fax Number/Email Address)			
(School Official Stamp)			