

STG STATEMENT OF ATTENDANCE FORM

SPECIAL TRANSPORT GRANT (STG)

SCHOOL NAME

ROLL NUMBER:

Payment Period: **27 August 2019 - 12th March 2020**

NUMBER OF DAYS SCHOOL WAS OPEN

CHILDS NAME	PARENT/GUARDIAN NAME	ADDRESS	NUMBER OF DAYS CHILD ATTENDED

I CONFIRM THAT THE ADDRESSES ABOVE ARE CORRECT

SIGNED: _____
SCHOOL PRINCIPAL

DATE: _____