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**Control de Asistencia Semanal**

**Sección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nivel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Matricula** | **Nombre** | **Firma** |
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**Total Asistencia: \_\_\_\_\_\_\_\_\_\_**