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| CLUB Y/O TALLER:  |
| RESPONSABLE:  |
| DIA DE LA SESIÓN:  | HORARIO:  |

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| **No**. | **CURP** | **ESCUELA DE****PROCEDENCIA** | **NOMBRE** | **GRADO Y GRUPO** | **MES Y DÍAS DE ASISTENCIA** | **% DE ASISTENCIA Y APROBADO NO APROBADO** |
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|  |  | **TOTAL DE PORCENTAJE DE ASISTENCIA** |  |  |  |

**FIRMA DEL RESPONSABLE:**